

PEOPLE WITH A LEARNING DISABILITY IN SOCIETY AND IN THE CHURCH

**Theological reflections on the consequences of
contemporary social welfare policies as seen through the
lens of social capital theory**

by

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***This research is dedicated to Rev. Dr. John
Vincent and Rev. Dr. Eric Wright of the Urban
Theology Unit, Sheffield with my gratitude for
their wisdom and guidance.***

Anthony Crisp

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ABSTRACT

Jürgen Moltmann suggests that where liberal market welfare policies are introduced people with learning disabilities are disadvantaged, whereas Christian communities provide a more favourable environment. This hypothesis is investigated by assessing the social capital available to two groups of people with a learning disability. The members of one group are being supported to live independent lives as 'citizen consumers.' The second group are members of a Roman Catholic parish community supported by their families.

The results suggest that both groups have few resources of bridging or linking capital. The second group have larger and richer resources of bonding capital which comes largely through family networks. They also had significant resources of spiritual capital but not religious capital.

In the light of the results, a theological critique is undertaken of some aspects of contemporary social policy and consumer culture.

A distinction is made between human relationships as transactions and as gifts. Insights from the theology of gift relationships are offered. The question is raised whether it is appropriate to consider gift relationships as a form of capital

and Churches as a form of social capital. Liturgy is considered as a form of liberative praxis.

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CHAPTER 1
TOWARDS A THEOLOGICAL ENGAGEMENT WITH BRITISH SOCIAL POLICY
AND ITS CONSEQUENCES FOR THE LIVES OF PEOPLE WITH LEARNING
DISABILITY

1.1 Introduction & Scope of the Study

In his autobiography, A Broad Place, the theologian Jürgen Moltmann writes of his brother, Hartwig, two years his senior, who experienced convulsions the day after he was born, and then developed meningitis, and in consequence, suffered severe brain impairment. Hartwig, severely incapacitated, remained at home until the age of three, when his parents placed him in the Friedrichsberg Hospital, near Hamburg. They visited him every week, but Moltmann never saw him again. In 1940, at the age of sixteen Hartwig died, officially of pneumonia. But this was at the same time of the Nazi's first euthanasia programme (Schmidt 2007) and pneumonia was one of a number of false explanations given to parents, for their children's death (149). 'His fate', Moltmann writes 'and our parents' consequent suffering made a deeper mark on my youth than I realised'. (Moltmann 2007: 9) (The History of Friedrichsberg Hospital, which makes reference to the period 1933-1945, can be found at www.uke.de/kliniken/psychiatrie/index_Eng_50866.php - accessed 07/12/2010).

In 1973 Moltmann was invited to speak at the annual conference of the Deutsche Gesellschaft für Sozialmedizin on 'The Rehabilitation of the Disabled in a Segregation Society' (89). Remembering the fate of his brother Hartwig, Moltmann agreed to speak and subsequently wrote about disability and the Church, in his book The Church in the Power of the Spirit (Moltmann 1975: 185-186). Reflecting, in his biography upon the experience of his brother and his family, the conference and the book that followed, Moltmann makes two particularly significant points. 'The disabled', he writes, 'are not a burden, nor are they a threat to the non-disabled; they are an enrichment for human society. But modern neo-liberal social policies again make the situation for the disabled more difficult'. He further writes that 'Church congregations become communities when they themselves accept their disabled members, as far as they can the community of the disabled and the non-disabled ... [is] a mark of the true church'. (Moltmann 2007: 89-90).

It should be noted here that on a previous occasion, Moltmann had similarly written that:

Community can heal our diminished society, and it can do so on both sides. It is only in fellowship with one another that both the person with disabilities and one without can experience a new humanity. So may we, with all our strengths, build such communities of persons with and without disabilities! This is the task of church communities. (Moltmann 1998: 122)

Moltmann does not develop his views about the negative consequences of liberal market social policies in his autobiography. We will review in detail the evidence for this. However, the implicit contrast that he makes between such policies, which emphasise individual liberty, personal responsibility and the pursuit of self interest, and the community 'of the disabled and non-disabled' based upon mutual obligations and benevolence, which he suggests the church, when it is true

to itself, strives to be — the tension, in effect, between individualism and social-solidarity — is a theme which resonates through his own work and is a very live issue in much contemporary debate in social philosophy and ethics, social policy and practice. For instance, the social scientist, Peter Dwyer has recently written:

In any analysis of contemporary citizenship it is necessary to consider two conflicting ontological views on the character and importance of both the individual and the social worlds (communities) that they inhabit. The liberal position, with its emphasis on individual autonomy guaranteed by individual held rights, a universal conception of justice, and a 'neutral state', can be contrasted with that of its communitarian critics who stress the primacy of community and the social embeddedness of human actors. (Dwyer 2000: 19)

These issues have also been discussed extensively by the philosopher Charles Taylor (Taylor 1989). Likewise, the same issue is addressed in the literature of political and public theology and liberation theology. For instance, from a neo-liberal perspective, the theologian Michael Novak writes:

Almighty God did not make creation coercive, but designed it in an arena of liberty. Within that arena, God has called for individuals and peoples to live according to His law and inspiration. Democratic capitalism has been designed to permit them, sinners all, to follow this free pattern. It creates a non-coercive society as an arena of liberty, within which individuals and peoples are called to realise, through democratic methods the vocation to which they believe they are called. (Novak 1982: 359-360)

Novak also writes:

To compete ... is not a vice. It is, in a sense, the form of every virtue and an indispensable element in natural and spiritual growth. Competition is the natural play of the free person. (Novak 1982: 347)

In sharp contrast Christian Aid has emphasised that:

The New Testament primarily speaks of a household and community ethic. People are exhorted to be community-reliant, to care for their own and their Christian neighbours. Communities where there is mutual caring and mutual governance ... are the New Testament political and economic ideal. They are also the ideal in Isaiah's vision of economic regeneration ... locating political power where people live and work. (Durdley 2004)

And likewise the theologian Rosemary Haughton has written:

But the vision of Jesus, drawn from the prophets, is that of a peasant society in which the health and survival of the individual depends on a clearly articulated and practised sense of moral responsibility of the community for its members. (Haughton 1999: 70)

In this study we take up the concerns Moltmann and others have raised, by exploring the implications of these 'contrasting ideologies', which, as the above quotations suggest, can be understood as having theological roots, as they are reflected in contemporary social policies and practices particularly as they impact upon the lives of people with learning disabilities.

The dissonance between these ideologies can also be understood within the broader context of the traditional sociological concepts *Gemeinschaft* and *Gesellschaft*, a distinction first made by Ferdinand Tönnies 1865-1936 (Tönnies 2001). *Gemeinschaft* emphasises the value of solidarity, including the solidarity offered by small-scale loosely organised communities, with permanent and strongly affective personal ties, through which, it is suggested, the personal development of the individual member is facilitated. *Gesellschaft*, in contrast, its roots in reformation and enlightenment thinking, emphasises the emancipation of the individual from the traditional bonds of church, family and local community and stresses the positive virtues of the market; the city and the possibility of associating freely, that these contexts facilitate.

We will first consider current liberal market social policies as they have been developed in the UK and explore their empirical consequences for the lives of a group of people with learning disabilities. In particular we will consider the consequences of those policies in terms of their impact upon social integration as

manifested in the access to social capital of the participants in the study, in the urban context in which they live. Social capital is a particularly influential concept in contemporary social care practice. We shall explore the origin and development of the concept in detail in Chapter 4 but at this stage we can say that it refers to the added value generated by social networks characterised by trust and shared norms and values.

Again, following on from Moltmann, we will also consider the consequences of an ideology that offers a somewhat different perspective on the nature of human welfare, which David Byrne has suggested, is that of 'traditional conservatism', 'typified in many respects by 19th and early 20th century Catholic Social Teaching, with a Durkheimian emphasis on integration of individuals into a traditional legitimised and coherent social order'. (Byrne 2005: 19).

In a parallel study we will then consider the empirical consequences of the influence of this ideology to the extent that it is manifested in the practices of a church community, by considering the access to social capital in an English Catholic parish, of a sample of people with learning disabilities, who are members of it. In both these studies we view social capital primarily as a personal possession.

Peter Coman has suggested that as the existence of a distinctive Catholic subculture has faded since the Second Vatican Council (we will consider this in a little more detail in Chapter 5) so the influence of Catholic Social teaching in the Church as expounded in Papal encyclicals (e.g., Rerum Novarum) has also diminished (Coman 1977: 100-107). Accordingly Peter Bisson has recently introduced the notion of 'Catholic social practices.' He writes:

By 'practice' in 'Catholic social practice', I mean the things that Catholics and Catholic sponsored groups do together over time in response to the Gospel and to God's presence in Christ in the world for the immediate purpose of redressing social injustice and to build social justice. These practices build on the ancient tradition of alleviating suffering and include activities such as analysis, advocacy, solidarity, lobbying, community-building, conscientization and empowerment. Many practices together make up a way of life, and include beliefs, virtues, skills, behaviour, relationships and symbols. (Bisson 2007)

This I think will more accurately reflect the current situation on the ground in Catholic parishes, suggesting not so much the rigid implementation of a formal body of doctrine, rather than the existence of certain attitudes and 'practices' and associated social structures influenced by church teaching, but used flexibly according to the demands of the context.

What is not being suggested here is a clear separation between belief and practice, between the dogmatic and the empirical rather what is being referred to is the notion of an operative ecclesiology (Brodd 2006), the idea that the practices of a Church tradition, including its liturgy and piety tells us something about its evolving self-understanding both explicitly and implicitly.

The study as a whole then considers the extent to which 'choice' and 'the market' enables access to social capital for people with learning disabilities and whether the Catholic tradition with its explicit emphasis on the primacy of family and community solidarity and the shared religious beliefs and moral obligations associated with these, offers anything distinctive or different. What is the role of the church community as a source of social capital for people with learning disabilities?

1.2 Social Capital: Some Preliminary Remarks

The sociologist Alejandro Portes has written that the:

Current enthusiasm for the concept of social capital ... is not likely to abate soon ... However ... the set of processes encompassed by the concept are not new and have been studied under other labels in the past. Calling them social capital is to a large extent, just a means of presenting them in a more appealing conceptual garb. (Portes 1998: 1-2)

In the course of the thirteen years since Portes wrote that, the 'enthusiasm for the concept of social capital' has not abated, rather as he predicted, the influence and its explanatory power has been extended to incorporate an increasing range of phenomena and contexts. For instance studies of the relationship between organised religion and civic society use this concept extensively. Churches themselves, in virtue of their perceived communitarian ethos where benevolence and mutual obligations are emphasised, are now understood as valuable sources of social capital (Smidt 2003) and as such essential to the health of civic society.

In this study we have employed the concept to explore the social situation of people with a learning disability against the background of a social policy framework in which a market ethic predominates. Our use of social capital in this study does not necessarily indicate an enthusiasm for it on our part. We have used it for two reasons. On the one hand there is considerable empirical evidence from studies of other service user groups, e.g., people with mental health issues, that access to social capital is a significant positive variable in their general quality of life (McKenzie, Whitley & Weich 2002; De Silva et al 2005). We have also used it because it embodies a particular understanding of choice, which emphasises its rational, calculating, utility maximising properties and an understanding of social relationships as transactions, and as such it has become particularly influential as

an explanatory concept in social theory and similarly influential in social policy development.

James Coleman, one of the architects of contemporary social capital theory, whose work we will discuss at some length, has put it this way:

Rational actions of individuals have a unique attractiveness as a basis for social theory. If an institution or a social process can be accounted for in terms of rational actions of individuals, then and only then can we say that it has been 'explained.' The very concept of rational action is a concept of 'action' that is 'understandable' action that we need no more questions about. (Coleman 1986: 1)

Gary Becker, who has undertaken influential work in the study of human capital, has further added that:

The extension of the utility maximising approach to include endogenous preferences is remarkably useful in unifying social and political behaviour. I do not believe that any alternative be it founded on 'cultural', 'biological' or 'psychological' forces comes close to providing comparable insights and explanatory power. (Becker 1996)

We will examine approaches to definition and the development of the concept of social capital in some depth, consider some empirical studies in which it has been employed and also consider issues of measurement, as the study proceeds.

1.3 Churches as Mediating Structures

We should add, at this stage, that in so far as contemporary social policy in the UK is deeply attached to the notion of social capital, to choice as a core value and the market as the mechanism of delivery of social care, the churches and other religious organisations are not seen by policy makers to have a unique or distinctive role to play as providers of health or social care services, as such. They may of course choose to participate alongside others in the market of service

delivery. They are however, as we have suggested above, perceived to have an importance as mediating structures between the individual and the state, in so far as they contribute to building up and sustaining civic life, particularly in circumstance of urban decline, poverty and social exclusion. The role of church communities in this respect has been justified by central government in these terms:

The Christian, Hindu, Jewish, Muslim and Sikh communities in particular have a strong urban presence, with significant experience of dealing with the challenges of deprivation and social exclusion.

... The Faith communities command resources – people, networks, organisations, buildings – of great potential for regeneration and neighbourhood renewal.

... They also have an important and distinctive role in the voluntary and community sector, crucial in the provision of local and neighbourhood services in areas of long-term disadvantage.

(www.neighbourhood.gov.uk/faith-communities, esp – quoted in Furbey et al 2006: 2).

In the UK these policy initiatives, which emphasise the role and value of mediating structures, have become known as ‘third way’ social policies and are particularly associated with the ‘New Labour’ political project (Giddens 1998). These developments have also spawned a new vocabulary in which ‘social capital’ has become a key concept. Robert Putnam through his book Bowling Alone (Putnam 2000) and other publications has been particularly influential. He has suggested that there is a causal relationship between the availability of social capital to individuals and the quality of civic life (Putnam 1998: v-viii). The significance of mediating structures for civic life and the interdependency between civic life and the vibrancy of democratic processes is dependent upon the social

capital such mediating structures produce (Paxton 2002). We will of necessity consider Putnam's and related views at some length.

1.4 On the Theological Roots of Contemporary Social Welfare Policies

It is surprising that in many studies of the history and development of contemporary social welfare policies and the idea of the welfare state for instance, little mention is made or importance attached to the influence of religious adherence or theological ideas, in this process. For instance, Maurice Bruce in his influential text The Coming of the Welfare State (Bruce 1961) suggests (ix) that it was Archbishop William Temple who first used the term 'welfare state' in contrast to the 'power' and 'warfare' state which he associated with the Nazi regime in Germany. The term appeared in Temple's Christianity and the State (Temple 1928: 169-170) and also his later book Citizen and Churchman (1941: 35). Temple did of course display a keen interest in and wrote extensively about social welfare issues in his life-time (Kent 1982). In particular in the Appendix to his book Christianity & Social Order (1942) he makes a number of specific proposals which bear upon social policy (Temple 1976: 99-115) and which it has been suggested influenced the Beveridge Report (Atherton, Baker & Reader 2011: 79), which appeared in the same year. In Citizen and Churchman however Temple makes it explicit that in his view, the state when it is a welfare state, exists for the citizen not the citizens for the state (28), furthermore for Christian men and women 'God is supreme, and no authority may be set up parallel to His.' (26) It follows, he suggests that, the 'state, in short is a servant and instrument of God for the preservation of justice and for the promotion of human welfare ...' and as such 'the state has a moral and spiritual function.' (36). He concludes that:

It is not possible to divide human interests into two categories – the material and the spiritual – and to assign the former to the state and the latter to the Church. The state, as entrusted with the administration of justice, is plainly concerned with aspects of morality. But in addition to this-being obliged to recognise its citizens for whose welfare it is in part responsible, are spiritual beings – it has at least an indirect spiritual function. (36)

In contrast 'In the absence of Christian or other Theistic pre-suppositions, ... the state ... owes no allegiance to any authority higher than itself.' (34)

In subsequent revised editions of Bruce's text, the reference to Temple is omitted and his name no longer appears in the index.

The view then is widely held that contemporary welfare regimes and policies are largely a consequence of social, economic and political variables which have their roots in the industrial revolution and the political struggles accompanying the French Revolution. For example, Peter Hennock in his recent book The Origin of the Welfare State in England and Germany, 1850-1914 (Hennock 2007) writes:

The state became a welfare state because it increasingly dealt with the social consequences of the way in which modern industrial capitalism was established. These consequences, often described as 'externalities' resulted from the narrow definition of legal obligations of capitalist entrepreneurs ... to limit obligation towards workers to the short-term purchase of their labour power, obligations toward the community to the payment of local taxes and to resort to competition without responsibility for those driven out of the market, all this encouraged innovation, increased production and facilitated capital accumulation. But it created problems that resulted from economic decisions while being considered external to the economic process. These or rather some of these, are the problems that social policies were intended to address. (2-3)

There has however been a recent resurgence of interest in the influence of religious belief on public policy development, including the development of social welfare policies and methods of implementation. A significant paper in this respect is that of Francis Castles, On Religion and Public Policy: Does Catholicism make a Difference? (Castles 1994). Here Castles writes:

Rather my purpose is to suggest that the very focus on processes of economic and political modernisation may have diverted our attention away from a source of differentiation of national public policy outcomes at least as important as socio-economic transformation and political struggle. That source of differentiation is religious belief ... (19-20)

RH Tawney, of course, had previously written, with reference to poor-relief measures introduced in the sixteenth century, that:

The new medicine for poverty – that is harsh discipline or deprivation to uproot the poor from idleness – may have been prompted by political or economic changes, but was prescribed by Puritan self-righteousness. (Tawney 1964: 262-264)

In addition the historian Christopher Hill has published two studies on the attitude of Puritans to the poor and poor relief (Hill 1952; Hill 1964). So the notion that theological ideas influence social policy is not new. Although Bruce makes reference to the work of Tawney, he makes no reference to the work of Hill.

Castles does not offer a detailed account of the channels through which religious adherence or theological ideas might exert their influence on social policy development. He does, however, suggest a number of possibilities which might work alone or in combination. For instance:

- Religious belief may influence policy because individuals with such beliefs may behave differently from those without them.
- Interest groups may be formed to promote particular beliefs.
- People influential in policy making may promote policies shaped by the beliefs they hold.
- The state may delegate to Churches the public provision or regulation of certain activities.

Religious traditions can be considered in terms of their confessional characteristics (belief, doctrine), the nature of their organisational expression (church, sect, denomination) or ecclesiology and their place in society (church, state-society relations). These components will inevitably change over time. It follows that religious traditions have the potential to generate a complex range of

independent variables, which alone or in combination may influence social policy development through one or more of the channels Castles has identified in his paper. Religious traditions may themselves change of course in response to social and other contextual pressures.

A number of contemporary lines of research are investigating the influence of religious ideas on social policy. For instance there is a growing body of research exploring the influence of Christian democratic political parties on the development of welfare policy in Europe (Huber, Ragin & Stephens 1993; Hanley 1996; Misner 2003). A second line of research is exploring the significance of religious cleavages for social policy development. The social historian Robert Nisbet for example has written extensively on the lasting political and social consequences of differences between the Protestant tradition and the Catholic tradition, particularly the former's emphasis on the individual and the latter's emphasis on the importance of the visible community (Nisbet 1976: 167-253) and Castles (1994) has also written that:

The great divide between Catholic and Protestant Christendom, the product of revolutionary change long predates the French and industrial revolutions remains an important factor shaping outcomes across a wide range of policy areas, including social policy, family policy and labour market policy. (20)

Although, as we have suggested, most studies of the history of contemporary social welfare policy neglect the possibility of religious influence, Maurice Bruce 1966) in his book The Coming of the Welfare State to which we have previously referred has a short paragraph entitled 'Puritans and Laissez-Faire.' Here he writes:

Individualistic religion, the logical outcome of the Protestant approach, taught that each man should serve god in his 'calling', to the full extent of his powers; thereby he would best aid society as well as himself. Inevitably from this the idea crept in that worldly success was a mark of moral worth. 'No question, wrote a puritan pamphleteer of 1654, but (riches) should be the portion rather of the godly than of the wicked ... for goodness hath the promise of this life as well as of the life to come. (33)

Bruce notes how close this idea, that the advantages of private persons leads to the advantage of the public as a whole, corresponds to the views of Adam Smith, which appeared, a century later, in his Enquiry into the Nature and Causes of the Wealth of Nations (1776). The moral precepts of the seventeenth century became the economic principles of the eighteenth century.

There is currently a considerable interest in exploring the relationship of these differing theological traditions to the development of social welfare policies. A number of substantial monographs have now been published in the social history of medicine for instance, which are concerned with this issue (e.g. Grell & Cunningham, Health Care and Poor Relief in Protestant Europe 1500 – 1700, 1997 and Grell, Cunningham and Arrizabalaga Health Care and Poor Relief in Counter-Reformation Europe 1999), and in 2004 the Max Plank Institute for the Study of Societies sponsored a conference The Western Welfare State and its Religious Roots.

The fact that much of this literature is organised on confessional lines suggests that Catholic and Protestant traditions have, as Nisbet and Castles suggested, developed somewhat different social ethics and influenced welfare provision in different ways.

This issue has been explored recently, from a Catholic perspective, by John E Tropman in his book The Catholic Ethic and the Spirit of Community (Tropman 2002). It should be noted that the title Tropman has chosen for his book inverts

the title of Max Weber's study, The Protestant Ethic and the Spirit of Capitalism (1906). This is quite deliberate, since the book presents a detailed argument for the existence of a distinctive Catholic social ethic. Tropman describes five dimensions which he believes embody difference between the Protestant and Catholic ethical world views.

We will not review Tropman's evidence for the validity of these dimensions, which are in effect ideal types, in any detail. It is apparent however that he underestimates the diversity of belief and practice within the Protestant tradition. For instance the report from the Social Policy Committee of the Board for Social Responsibility of the Church of England Not Just for the Poor: Christian Perspectives on the Welfare State (Board of Social Responsibility 1986), considers in some detail welfare issues in the light of Christian belief (14-31), in doing so emphasises the social character of human life and the importance of human interdependence for welfare provision, in a manner not significantly different from the approach taken in Catholic social teaching.

The five dimensions of Tropman's ethical world views are briefly described as follows:

1. Solo Self versus Ensemble Self

Here Tropman uses the work of Sampson (1985), who presented a detailed exposition of these notions. There are important differences, Sampson suggests, between solo self and ensemble self. These are concerned with the way cultures identify the self/non-self boundary and where a culture locates the fundamental sources of power. From a similar perspective Rotter (1966) has distinguished between inner-directedness and outer-directedness, perceptions of control or locus of control, concepts which

have similar connotations. Tropman suggests that the Protestant ethic is characterised by solo self orientations, inner directedness, what is generally referred to as 'individualism'. The Catholic ethic he suggests is based upon an ensemble self, outer-directedness, in which: 'The person sits within a field of forces, including the family, the community, and the church – a field that actually helps her or him define herself or himself'. (17)

2. Optimising versus Satisficing

Here Tropman draws upon the work of March & Simon (1958: 141-142) who distinguished between optimising strategies and satisficing strategies, in seeking solutions to everyday problems in organisations. Using this distinction Tropman suggests that the Protestant ethic tends to set optimising standards (one is 'saved' or one is not). A Catholic ethic emphasises process rather than state. Satisficing means 'good enough'. Within such an ethical framework: 'An individual moves toward salvation and occasionally moves back. It is a process rather than a state, and the human condition is considered in a similar fashion'. (Tropman 2002: 17)

3. Competition versus Co-operation

Tropman suggests that there are differences between the Catholic tradition and Protestant tradition with respect to fundamental relationships between human beings. A Protestant ethic, he suggests, regards competition as central whereas a Catholic ethic emphasises community and the common good (Novak is largely an exception to this).

4. **Self-Help versus Community Help**

A Protestant ethic Tropman suggests 'emphasises achievement, work and getting ahead'. There is a strong work ethic in Protestant cultures and an emphasis on self responsibility, such that welfare programmes are not highly valued. In the Catholic ethical tradition however, 'helping is a part of lived life' and no sharp distinctions are drawn between those who need help and those who give it. Helping and being helped are good for both. 'Because the act of helping helps the helper, however it also does not matter who the helped person actually is, or whether she or he deserves it'. (20)

5. **Public Regarding Institutions versus Private Regarding Institutions**

Tropman uses the distinction Edward Banfield and James Q. Wilson made between 'private regarding' and 'public regarding' institutions in their study City Politics (1963), where they were concerned to explore different orientations toward government. Within the Catholic tradition, Tropman suggests, the church is a 'private regarding' institution in that, through its sacramental life, the church provides 'individual believers with personalised help and salvation goods (opportunities for grace) and directions on the narrow road to the gates of heaven ..'. (20) The Protestant tradition, Tropman suggests, has a different function, since 'salvation is the responsibility of the individual person, achieved independently and individually'. (20) Here the 'role of the church ... is not to provide salvation goods but to create community, in a word to do things that the individual cannot herself or himself do. The church service is less an encounter with

the sacramental sacred, as it is for Catholics, and more a time for community worship and fellowship’.

In the sense that Protestant churches provide ‘social goods’, rather than ‘personal goods’ they are ‘public regarding institutions’ as Banfield and Wilson understand this. This is a particularly important distinction that Tropman makes and it has a direct bearing upon the relative potential of Protestant Churches and the Catholic Churches as sources of social capital, and their relationship to civic society. This is an issue which we will explore in some depth in Chapter 5.

These as we have suggested are ‘ideal type’ distinctions and most of Tropman’s supporting research underpinning them was undertaken in the American context. However there is, as we have indicated, an increasing interest in exploring the utility of these and similar distinctions, so as to understand the relationships of different theological traditions to the development of social welfare policies. Such a possible relationship is illustrated by the table below which is taken from a recent paper by Sigrun Kahl, which she presented at the Max Plank conference, in which she explores the religious roots of contemporary poverty policy (Kahl 2005).

Here it is clearly possible to detect elements of the distinctions Tropman makes, particularly so when Calvinism and Catholicism are compared.

For instance the self help versus community help distinction is manifested in the contrasting approaches to poor relief and to persistent poverty and again the optimising versus satisficing distinction is reflected in the deserving/undeserving distinction. This is relatively unimportant in Catholicism, but important within Lutheranism and Calvinism.

Furthermore there is now a considerable body of empirical evidence which has explored the relationship between Protestant work ethic beliefs and contemporary attitudes toward unemployment, social security benefits and taxation (Furnham 1982, 1983a, 1983b, 1990). For instance in his study of attitudes toward unemployment Furnham writes:

As predicted, people who strongly endorsed the Protestant work ethic stressed negative individualistic explanations for unemployment and were, by and large, more against welfare payments than those who did not strongly endorse those beliefs. (Furnham 1982: 277)

Although there are a number of studies exploring the influence of theological ideas on the idea of learning disability, the influence of theological ideas on the development of welfare provision as such, for people with a learning disability, is largely unexplored. We are not able to pursue this matter here, but an exploration of some significant theories and related research is presented as an appendix to this study (Appendix VIII).

Nevertheless recent policy developments in the British context, which we will consider in detail below, which are market orientated, emphasising choice, autonomy, self-reliance, correlate with the Protestant social ethical tradition, as Tropman and Kahl and others have described it. Similarly we will also argue that

developments such as the growth of L'Arche communities closely reflect the Catholic ethos.

It is not our intention to accept these dichotomies uncritically, but simply to suggest a prima facie case for a relationship between certain theological views and certain contemporary social policy outcomes. Pointing to unconscious affinities rather than declared affiliations. Arthur Lovejoy has put it this way:

There are, first, implicit or incompletely explicit assumptions, or more or less unconscious mental habits, operating in the thought of an individual or a generation. It is the beliefs which are so much a matter of course that they are rather tacitly pre-supposed than formally expressed and argued for, the ways of thinking which seem so natural and inevitable that they are not scrutinized with the eye of logical self consciousness, that often are more decisive of the character of a philosopher's doctrine, and still oftener of the dominant intellectual tendencies of an age. (Lovejoy 1936: 7)

Ideologies in effect, operate at a pre-conscious level as well as the level of consciousness. The distinction that Moltman makes between policies that emphasise individual subjective rights, obligations and claims as the basis of human fulfilment, justice and fairness and a theory of human rights which emphasises the importance of the community over against the individual, is an influential distinction that can be said to have theological roots.

In general we find the notion that contemporary social welfare policies have theological roots particularly attractive, given that most of the social welfare, social policy literature is currently 'religion blind.'

1.5 Theology & Learning Disability

Learning disability first began to be explicitly and deliberately disentangled from theological ideas in the 17th century particularly through the influence of John Locke. Locke, in his text Essay concerning Human Understanding (1690), was the

first to consider learning disability (idiocy), as a disorder of reason, from a purely epistemological perspective rather than an ontological perspective, which was the perspective that had been taken by Aquinas for instance. Although Locke was a man of faith, reason, was to be understood apart from faith.

However, these philosophical changes in human self-understanding had significant implications for people with impairments, in that impairment became understood, for the first time, as a natural phenomenon. Braddock & Parish summarise the position in these terms:

Two themes in Enlightenment thinking are related to changes in the care and treatment of people with disabilities. First, a 'sensationalist' theory of knowledge laid the foundations for bold new psychological and educational interventions by arguing that experience and reason – rather than innate ideas and divine punishment – were the sources of all knowledge and that social and environmental manipulation could thus improve humans and society by manipulating society and the environment. The second Enlightenment idea of importance to people with disabilities was the growing belief in the merits of natural science to advance the species. (Braddock & Parish 2001: 23-24)

The origin of contemporary approaches to the understanding of learning disability, both the natural science and social constructivist ideologies, which we will discuss below, and contemporary social policies which underpin the support of people with learning disabilities, have their proximate roots in such Enlightenment thinking. The influence of theological ideas nevertheless persisted in the work of Locke and others and so continued to shape approaches to welfare provision throughout the seventeenth and into the eighteenth centuries. Although this influence gradually diminished.

There is little doubt that some theological ideas have had alienating and oppressive consequences for people with learning disabilities (Hattersley et al 1987). There is a hint of that in the passage from Braddock & Parish above. But

this need not be so. The position taken here is that God's preferential option for the poor (Third General Conference of Latin American Bishops, CELAM III, 1980: 178), which is at the heart of a liberation discourse, can form the basis for a re-engagement between theology and learning disability, if indirectly, through a theological critique of contemporary secular social theory, policy and practice. But theologians do not end with such a critique, rather, seeking to break the hermeneutic circle of suspicion, is a prelude to a more positive expression of liberative faith. As Nicholas Lash has expressed it:

Liberation theology is committed to the project that 'God's Kingdom will come' and this is not simply a theoretical commitment, but 'an expression of joyful hope, and an acknowledgement of responsibility to work for the realisation of that hope. (Lash, 1981: 233)

The theologian Edward Schillebeeckx has also written about what he calls the 'negative contrast experience'. This, refers to those experiences of injustice, evil and suffering that evoke potent and transformative action. Such experiences, he suggests are the occasions for imagining and articulating a vision of salvation in counterpoint to what should not be. (Schillebeeckx 1990: 5-6) The praxis of liberation is born out of such ethical indignation (Sung 2005: 2).

Moltmann has especially raised the situation of the disabled, particularly people with learning disabilities, in contemporary society, as a problem that theologians might legitimately address. He specifically singles out the work of liberation theologians (e.g., the work of the late Nancy Eiesland) as potentially fruitful, since liberation theology, as a contextual theology (Bevans 2003), specifically seeks to engage with social issues where marginalisation and oppression are implicated (Gutiérrez 1973). In that liberation theologians have addressed the possibility of 'the poor' as a starting point for theological reflection

(Sobrino 1984) so in this study we consider the possibility of people with learning disabilities, considered as 'poor' in a wider sense of the term as a source for theological reflection and praxis. We will reflect on the results obtained from these investigations drawing upon insights from a variety of theological and other sources including the work of original and new wave liberation theologians. In doing so, we will offer a critique of the concept of social capital and its derivatives, religious and spiritual capital, as they are used in contemporary research.

1.6 Theoretical and Methodological Issues

1.6.1 The Nature of Contextual Theologising

The approach we shall be using in this study is broadly influenced by the method of social analysis suggested by Joe Holland and Peter Henriot (2004) in their book Social Analysis: Linking Faith and Justice. A recent British text which covers the same territory is that by Laurie Green Let's do Theology (Green 2009). This approach moves from an initial understanding and recognition of why the problem to be addressed is important, through a detailed description and analysis of the current situation, to a concluding statement and suggestions for action. (Holland & Henriot 2004) This approach by intention brings social analysis into contact with theological reflection.

Stephen Pattison, in the first edition of his book, A Critique of Pastoral Care describes the complexities of this task in these terms:

The first and most important thing for pastoral carers to do is to become clear about their own socio-political context. This involves a process of analysis. Any pastoral action takes place within a context of social and political factors ... The daunting task before the pastoral carer is to try as far as possible to unearth the relevant social and political factors bearing on specific pastoral care situations. This is undoubtedly a very complex and demanding activity, which requires looking at sociology, social policy, and even economics, to be done properly. (Pattison 1988: 100)

When those engaged with theological disciplines seek also to engage with social issues and their associated social science disciplines a number of methodological considerations arise. In the first instance it is necessary to reflect upon the nature of contextual theologising itself.

In the course of their work theologians are not immune from the forces that shape culture and history, since theologising as a cognitive and social process, is a form of understanding like any other. Similarly, they may in turn, significantly influence the course of human affairs. Theological understanding is never neutral either in practice or intention and so always has either implicitly or explicitly a practical ethical character (Sobrinho 1984: 9). Practical and pastoral theologians working contextually explicitly recognise this embeddedness of their work in a social/cultural matrix and seek to utilise this situation as a source of reflection.

Contextual theologising is a way of doing theology such that theology is understood in terms of experience of the present informed by insights derived from Scripture and tradition. Stephen Bevans puts it this way:

First context includes the experience of a person's or group's personal life ... There are also experiences of life – personal and communal – in our contemporary world ... Third we can speak of context in terms of a person's or a community's social location. It makes a difference whether one is male or female, rich or poor ... at the centre or at the margins of power. (Bevans 1992: 5-6)

Contextual theologising in some respects is an inductive and hermeneutic process. It seeks to 'read the signs of the times' (Sobrinho 1984; Verstraeten 2007) and in so doing, responds to the questions that are posed by new situations in history. When human experience is seen to be fundamentally oppressive, then contextual theology may also be liberation theology, if it hopes for and seeks

change in the reality from which the oppression emerges. Seeing, judging and acting are the core components of the contextualising process (Holland & Henriot 2004). It is also the case in that 'one of the chief characteristics of liberation theology is that it sees itself as explicitly contextual and related' (Haight 1985: 18), Stephen B Bevans in the first edition of his book Models of Contextual Theology (Bevans 1992) specifically links contextuality with liberation when he writes that contextual theology:

Takes into account the spirit and message of the gospel, the tradition of the Church, the culture in which one is theologising and social change within the culture, whether brought about by western technological process or grass roots struggle for equality, justice and liberation. (Bevans 1992, 1)

Contextual theologising, when an option for the poor is a core commitment, is necessarily concerned with social change and requires conversation partners.

Stephen Pattison also suggested that we live in a 'post Marxian age in which Marxist concepts and methods must form an important part of our ways of analysing and thinking theologically' (Pattison 1994: 43). However since he wrote this there has been a decline in the significance of Marxism as a social scientific mediation between theology and human experience and this has provided an impetus for liberation theologians to search for and utilise alternative analytical and empirical approaches, from within the social and behavioural sciences, as tools of analysis and sources of insight. There has also been a significant movement by pastoral/practical theologians generally away from a preoccupation with personal care or counselling towards addressing a wider range of social issues and hence to become explicitly contextual in their approach. For instance John Reader in his recent book Reconstructing Practical Theology writes:

The objective of this book is to review and refine practical theology in the light of the contemporary context in which Christianity is operating. I will

argue that one of the reasons why responses are becoming inadequate is that we are using inappropriate and dated categories to understand and describe that context, and I will then offer alternatives to these drawing on other disciplines. (Reader, 2008: 1)

He then suggests that from his perspective, 'the best way of grasping these changes is under the heading of a family of concepts derived from the study of globalisation'. (1)

In that social analysis is at the heart of the method of the contextual approach (Haight 1985: 1), the contextual approach, as with pastoral studies generally, is interdisciplinary in nature (Pattison 2007: 253); drawing upon concepts, knowledge, insights and methods from philosophy, the traditional partner of theology, and also sociology, anthropology, psychology, political science and economics, all those disciplines in fact which describe, analyse and interpret human life and experience.

To illustrate the breadth and nature of such an interdisciplinary engagement we can consider, Elaine Graham's influential work Transforming Practice (Graham 2002), in which she enters into dialogue with various continental European philosophers, psychologists, sociologists and social theorists and anthropologists, in addition to theologians and other practical theologians.

The sub-title of Transforming Practice is 'Pastoral Theology in an Age of Uncertainty'. The 'uncertainty' to which the author refers rests, she suggests, in the nature of the society in which we live. Graham writes:

Contemporary Western society has been characterised as one in which there is no longer a consensus of values. The assumptions and criteria by which Western science, politics and philosophy have been guided for the past 200 years, associated with the ideals of progress, humanism and reason have been discredited by critical voices which emphasise fragmentation, pluralism and scepticism. (Graham 2002: 1)

In such a context; she continues:

... the authority and status of the sources and norms of Christian pastoral care and social action can no longer be taken for granted. The traditional models of human nature, value and community drawn from Scripture and tradition appear anachronistic; especially in the light of post-modern insights into identity, power and knowledge. (Graham 2002: 2 & 3)

On the basis of this analysis, Graham commits herself to 'a particular model of theological formulation and reflection by identifying cultural experience and social trends as valid and legitimate sources of Christian concern and divine revelation' (3). She further writes that the 'debates about post-modernity and the future of Western culture serve to illuminate the context' within which 'the reorientation of the contemporary discussions and tasks of the discipline of pastoral/practical theology' (3) can take place.

In Graham's work then we can discern certain aspects of the process of theologising contextually. The recognition of significant social/cultural issues and challenges, specifically for Graham, issues of gender and difference, as they bear upon the exclusion of women and the feminist response, exposes the inadequacies of traditional or existing models of theological reflection and practice. This leads to the development of new 'models of theological formulation and reflection' (e.g., Graham, Walton & Ward, 2005), in dialogue with significant voices in the culture, which then feed through into the development of new dimensions and tasks for practical/pastoral theology, such that practice can be transformed. The adequacy of this transformed practice is subsequently evaluated in the light of ongoing social/cultural change.

Irrespective of one's views of Graham's analysis of contemporary western culture, her book is a significant attempt to construct a contextual model of pastoral theology commensurate with contemporary human experience,

particularly the experience of women, in a post-modern age. Hence the importance she attaches in her work to conducting a dialogue with those who are stimulating fresh insights into the identity, power issues and knowledge issues which bear upon the role and position of women in society at the present time.

From the perspective of the research reported here however there are a number of significant differences in approach and emphasis which should be identified. It is apparent for instance that Graham's method of transforming the practice of practical theology is initially through dialogue at the level of ideas. Graham's work lies within the 'middle axiom' tradition and as such it is commensurate with Sobrino's characterisation of European pastoral and political theology generally. In his book The True Church of the Poor (Sobrino 1984) he writes:

European theology approaches reality through the mediation of thought, such as theology, philosophy and culture. Access to reality comes through dialogue (critical rejection or critical acceptance) with a particular type of thinking ... behind these theological, philosophical or cultural movements there is of course a real situation, and European theology has been aware of this. But the tendency has been to approach real situations chiefly through thoughts about it. (16)

Sobrino contrasts this approach with Latin American theology which he writes:

... tries to approach reality as it is ... If for example a particular reality is said to be sinful, the reality has already been interpreted with the aid of a thought model that determines why and in what sense it is so. The perspective here is different from that of European theology, in which analysis is an examination of the interpretation and the biblical analysis of sin, for example. In Latin American theology the object is first to see that the sin is there and then ask how to get rid of it ... The concern is to change the sinful situation. (16)

So whereas Graham's theology is concerned with the repercussions for identity and self-hood of the crisis at the level of meaning and values in European society and culture, a Latin American style theology done in a European context,

would be more preoccupied 'with the crisis within reality ... of the wretched state of the real world, of captivity, or structural sin'. (17)

'The distinguishing characteristic of Latin American theology' Sobrino suggests 'is not the creation or development of explanatory models but the call for the transformation of the sinful condition'. (17). On this basis Graham's theology is a contextual theology but not a liberation theology as Sobrino would understand it. Social theorists figure prominently in her discussions, social conditions do not.

Precisely the same point is made by Ruth McCurry (McCurry 2007) in her review of Faithful Cities, the recent report of the commission on Urban Life and Faith, of which Elaine Graham was a member, and in which she compares the report with its predecessor, Faith in the City (1985). McCurry writes:

In Faithful Cities there is little focus on the concrete experience of urban life for the poor – on housing, health, education, employment, policing ... The concerns of Faithful Cities are more abstract and theological. It offers urban ministers a very useful introduction to world trends, and to academic thinking about 'social capital' and the less visible though very important aspects of what makes a good life in the city. (41)

Whilst a focus on concrete human experience and situations and the development of theoretical models to explicate them are not incompatible, the latter in fact may develop out of the former, there is nevertheless a distinct difference of emphasis. Liberation theology tends to focus on the concrete facts of oppression in its various manifestations and is less interested in theoretical explanations. Jürgen Moltman has written:

We have learned from liberation theology to begin where we ourselves really exist in our own people. Experience in the praxis of liberation from inhumanity is for Christians and churches the concrete starting point for the commitment to human rights. (Moltman 1984: 15)

A further and related issue which arises out of Graham's work is her acceptance of the post-modern assertion that 'the foolproof – universal and unshakably founded – ethical code will never be found'. (Bauman 1989: 10) She quotes with approval and at length from Sylvia Benhabib who writes:

I regard neither the plurality and variety of goodness's with which we have to live in a disenchanted universe nor the loss of certainty in moral theory to be a cause of distress. Under conditions of value differentiation, we have to conceive of the unit of reason not in the image of a homogenous, transparent glass sphere into which we can fit all our cognitive and value commitments, but more as bits and pieces of dispersed crystals whose contours shine out from under the rubble. (Benhabib 1992: 75-76)

Following on from this, Graham concludes that:

It may not be possible to derive principles of hope and obligations from some transcendent power or force which automatically guarantees their authenticity and success. However it may yet be feasible to develop strategies by which such values can be reconstructed out of the fragments of pluralism and difference. (Graham 2002, 37) [Contrast this statement with, Lash 1981: 233 which we quote on page 23]

The implication of Graham's view for pastoral practice is that:

In the face of uncertainty and Divine provisionality, Christian pastoral practice can still offer some kind of (interim) truth and value by virtue of their location in the continuing life and work of the faith community. The exact nature and purpose of ultimate reality may be cloaked in mystery, but at least a positive and practising community meets to celebrate and realise Divine possibility. It is within such a community that those who suffer may find support and healing and through its celebration and acts of compassion that healing and redemption may decisively be experienced and prefigured. (209)

Liberation theologians have a strong commitment to justice, to an ethic of solidarity, of social and collective responsibility and the existence of certain universal basic human needs (e.g., Doyal & Gough 1991) whose satisfaction takes precedence over any local or private sphere of preference and value. The Puebla Document makes this point quite explicit when it says 'The poor merit preferential attention, whatever may be the moral or personal situation in which they find

themselves'. (1142). A pastoral strategy which has doubts about the nature of its ethical commitment, which asserts the provisionality of, or uncertainty in, the recognition and satisfaction of human need or is content with generic demands for human rights and justice, does not fit comfortably with liberation theology (Sobrino 1984: 167). Again an ethic of care or support alone cannot be used as a guide to social action, without reference to a principle of justice of some kind, the possibility of which a post-modern position denies. Such principles of justice and rights, and the objective recognition of need are essential to protect those who are marginalised, powerless and oppressed, since it is conceivable that they have unarticulated aspirations to forms of care and a pattern of life, which the articulate majority denies them. Or again they may become satisfied with unsatisfactory social and material conditions of living, against which that same articulate majority would vigorously protest. A situation we might describe as one of false consciousness. Hence in addition to engaging directly with human experience, there is a certain objectivity in the ethical positions liberation theology espouses, because the movement is not from a vision of reality to an affirmation of values but on the contrary from the affirmation of values to a vision of reality within which they are realised or attained.

1.6.2 Cross-Disciplinary Engagement between Theology and other Disciplines – Metatheoretical Issues

In his discussion of the relationship between theology and the social sciences, Richard Roberts has suggested that in practical and pastoral theology 'eclectic appropriation of insights and methodology often take place, and pragmatic syntheses are arranged which enhance instrumental insights into the ministerial task and the continuing life of the church'. (Roberts 2002: 192) At the

commencement of such a dialogue however, it is important to recognise that there are both metatheoretical issues as well as methodological issues to address.

In terms of the former, liberation theologians place a particular emphasis on the value and necessity of direct human experience, an encounter with the 'real', as a basis for theological reflection and praxis; they are nevertheless acutely aware that reality as we observe or experience it is not independent of the principles we use to describe, explain or justify it.

Ideas we employ to interpret, explain or justify reality, themselves exercise an influence through those who accept them. That is they act ideologically.

Ideas may function ideologically either as ruling cultural belief systems (Geertz 1973) or as Martin Seliger suggests as 'sets of factual and moral propositions which serve to posit, explain and justify ends and means of organised social action and specifically political action, irrespective of whether such action aims to preserve, amend, uproot or rebuild on a given social order' (Seliger 1976: 1). Karl Mannheim (1960: 49-50), following upon Karl Marx, has written of ideology as false consciousness, to which we have referred above, whereby there exists a systematic misrepresentation of social conditions or relations, particularly in the consciousness of people who are oppressed.

That philosophical and theological ideas, particularly anthropological ideas - those which bear upon human self-identify, the nature of human well-being and the quality of life to which people should aspire - have empirical consequences, not all of which are anticipated or desired by those who experience them, is then a particular preoccupation of liberation theologians (e.g., Segundo 1982) as they reflect upon their work. As the title of Jürgen Habermas's book Knowledge and Human Interests (Habermas 1971) suggests, it is essential to ask 'for whose

benefit?' Who profits from ideas? In whose interests are they expressed and do they serve? This issue has recently been taken up by Kevin Burke in his monograph on the theology of the liberation theologian Ignacio Ellacuria, where he considers Ellacuria's reflections on the functions of ideology:

The Parmenidean divorce between sensibility and intelligence embedded in all manner of idealistic reductionism results in a metaphysical split between the sensible and intelligible worlds. Ellacuria takes this a step further. The epistemological-metaphysical division is not merely intellectual or academic. Rather the concrete effects appear sociologically in such examples as the division of society into educated ruling elites and an illiterate peasantry. Because the more destructive moments of this latter division represent not only an epistemological event but an historical injustice, Ellacuria's task entails not only elaborating a liberative social theory but promoting concrete historical liberation. (Burke 2000: 49-50)

The split between ideology and its material consequences is particularly acute with respect to people with learning disabilities. The ways learning disability has been defined and understood, even the term itself, and other terminology that has been used have had profound consequence for them. People with learning disabilities are perpetually subjects of an educated and literate elite who determine how they should understand themselves and the circumstances in which they live. People with learning disabilities are at risk of being in a perpetual state of false consciousness.

Whatever views that elite may hold as to the nature of their difficulties and how they might be resolved, people with learning disabilities are relatively powerless to influence decisions that are made 'in their interests' or their concrete effects. Theologian Stanley Hauerwas has put it this way:

It is almost impossible to resist descriptions that make being mentally handicapped 'a problem' since those descriptions are set by the power of the 'normal'. (Hauerwas 1994: 177)

It is therefore possible and instructive to draw an analogy between the social situation, the powerlessness of the 'illiterate peasantry' in a South American context and the social situation, the powerlessness of people with a learning disability as such and in a British context in particular. We will endeavour to support this analogy with reference to empirical evidence.

John Vincent in his paper Liberation Theology in Britain, 1970-1995 wrote

Theology is created when some new elements in the context bring into immediate possibility and relevance, some elements from the biblical and historical tradition. My argument is that the present context of realities of life in Britain today calls to the church's remembrance decisive elements in the biblical and historic Christian tradition which have always been there, but which remain dormant until they are needed. (Vincent 1995: 19)

The starting point of this study is the 'realities of life in Britain today' of people with learning disabilities and then to consider the implications this has for the church's 'remembrance' of its 'biblical and historical traditions'. Empirical realities generate new theology.

The argument can in fact be made that the starting point of all liberation theology should be the situation of powerlessness of people with learning disabilities. That responding to their unique situation, the particularity of the specific context of people with learning disabilities, is part of the task we should expect a liberation theology to perform.

It should be noted as a matter of interest that Martha Nussbaum has recently argued vis-a-vis the stance taken by Rawls, that the position of the disabled should also be the starting point from which to derive principles of egalitarian justice (Nussbaum 2006).

1.6.3 Cross Disciplinary Engagement between Theology and other Disciplines – Methodological Issues

Richard Osmer (Osmer 2000: 186-189) has presented a useful classification of issues that arise when, what he calls cross-disciplinary 'reflection', is attempted. These he identifies as:

- **Intra-disciplinary reflection** – this explores the various theoretical or methodological options that may be available within a specific discipline.
- **Inter-disciplinary reflection** – this is concerned with the dialogue between different disciplines and the mutual enhancing role each discipline may play in the development of theory.
- **Multi-disciplinary reflection** – this focuses on human knowledge as a whole and recognises that various disciplines are needed to comprehend complex phenomena.
- **Meta-disciplinary reflection** – this considers the natural and specific epistemological integrity of individual disciplines from a sociological, rhetorical and epistemological perspective and the rational operations appropriate to different fields.

When we consider Osmer's four distinctions, they are all seen to be important; but the first two would appear to be particularly so for contextual theologies, which seek to engage directly with real issues in which dialogue with other disciplines is involved.

When we consider Osmer's category, inter-disciplinary reflection, for instance, there are issues both of selection and correlation. With respect to selection, Pattison for instance suggests:

Each social science has implicit views of the nature of being human. The adequacy and coherence of different disciplines ought to be evaluated. It may be that some social sciences provide clearer, more comprehensive or more theologically compatible accounts of the human condition than do others. If so, perhaps they should be preferred. (Pattison 2007: 254)

In terms of correlation, the theologian Edward Schillebeeckx in his book The Understanding of Faith (Schillebeeckx 1974), suggests that one of the tasks

of theology is to explore the correlation between humanity's attempts to articulate a positive understanding of what it means to be human, the answers it gives itself and the possibility of an intelligible response to this question from within the Christian tradition. Neither selection nor correlational dialogues present easy options for the theologian.

However it should be noted, that the study of disability does not generate its own methodologies, but draws on concepts and approaches developed in other disciplines, e.g., sociology, psychology and anthropology. In effect interdisciplinary reflection is at the heart of the study of disability. In these circumstances the task of the theologian becomes one of establishing or re-establishing theology as a legitimate partner in this multi-disciplinary endeavour.

Both the natural science and social system ideologies have had a profound influence upon the shape of British social policy as it impacts upon the lives of people with learning disabilities. In terms of their compatibility with a theological account of the human condition, neither of them offers the prospect of an easy or trouble-free relationship.

So in terms of methodology the practical theologian is presented with a series of dichotomous choices between approaches to social analysis that emphasise certainty as against those which emphasise authenticity, or choices between internal versus external validity, method as against meaning, manipulation or understanding, rigour or sensitivity to human subtlety, narrow quantification or broad qualitative enquiry.

On the one hand it is argued that those enamoured with laboratory precision have lost the sense of the human problem, have lost the sense of the authentic significance of the human person in the real environment. This has been

sacrificed for certainty. The contrary argument runs, that the pursuit of authenticity undermines objectivity and communicability of knowledge and generates a scepticism regarding the possibility of reaching a normative understanding of human nature.

In terms of more fundamental anthropological concerns, a contextual theology which is concerned to raise and reflect upon the significance of human variability in physical and cognitive functioning for quality of life and well-being, for personal and social identity, for justice and the allocation of resources, and for community integration and acceptance, requires a partnership with the social sciences where such a forced choice between two modes of enquiry is avoided. On the one hand we are offered a depersonalised mechanistic physicalism and on the other a cultural relativism. From neither perspective it seems are the needs of the whole human being capable of being addressed. The emphasis on 'wholeness' is particularly important in the context of a dialogue with theology, particularly Christology, which emphasises a New Humanity as wholeness involving the disabled (Vincent, personal communication September 2010).

Osmer's first group of methodological issues are intra-disciplinary in nature. These, Pattison, suggest concern choices to be made within the various human sciences and philosophies once they have been identified as potential partners. The social and behavioural sciences do not present a unanimity of vision within them. If we consider contemporary psychology as an example, it is not a monolithic entity. There is a long tradition of pastoral and practical theologians opting for phenomenological, narrative/humanistic and analytic psychologies in preference to more scientific experimental approaches (e.g., Clinebell 1984). This is despite the fact of the accumulation of evidence of the success of, for example,

cognitive-behavioural approaches in working with people who are mentally distressed (Beck 2005) and the associated declining influence of some thinkers such as Freud and Jung, and the therapeutic approaches associated with them. In such a situation there is a real risk of inadequacy or irrelevance on the part of the practical or pastoral theologian, by the pursuit of approaches which are widely regarded as of diminishing value (Pattison 2007: 255). The same point was made by Reader as we have noted above (Reader 2008: 9).

There are a number of examples in the recent literature of pastoral/practical theology where issues of intra-disciplinary reflection have been addressed. For example, Baum undertook a process of intra-disciplinary reflection in the context of sociological studies of ecclesial structure, where he identified four possible sociological approaches: positivist, functionalist, conflictualist and symbolic interactionist. (Baum 1974: 22-31)

In a similar manner Swinton & Mowat (2000) have undertaken research in the field of practical theology which they define as:

Critical, theological reflection on the practices of the Church as they interact with the practices of the world with a view to ensuring faithful participation in the continuing mission of the triune God. (25)

They have evaluated the relative merits of quantitative and qualitative research methodologies for practical theologians. They conclude that:

Qualitative research is a useful tool of complexification which can enable the practical theologian to gain rich and deep insights into the nature of situations and the forms of practice performed within them. It would appear that qualitative research holds a good deal of potential for practical theological research. (72)

There are of course issues of selection to be addressed within pastoral/practical theology itself. For instance, Bevans in the most recent edition of his book Models of Contextual Theology has described six theoretical models of

an 'inclusive or descriptive' type that the contextual theologian might use (Bevans 2001: 31).

Finally, Pattison also raises a number of other issues which impinge upon contextual theologies. There is he suggests the problem of relevance. In seeking to enter into dialogue with significant voices in culture and society, the theologian may simply lack the expertise and so choose to address issues within the comfort zone rather than issues of significance and relevance. Again a theologian's strongly held prior convictions may unduly influence the approach taken. Unacknowledged bias is always a risk. There is also the problem posed by eclecticism, dabbling in too many methods and approaches from different sources and traditions without appreciating the conceptual and methodological issues this raises (see Kagan 2009 for a recent and thorough discussion of these issues). Clovdis Boff has raised similar concerns. There is what he calls the issue of semantic mix, using languages of the social sciences and theology in a mixed discourse (Boff 209: 27-29). Bilingualism, that is juxtaposing two readings of the 'real', the socio-analytical and the theological also presents challenges (Boff 2009: 249-25). Finally, Pattison suggests there is also the risk of allowing the social sciences to overwhelm the theology. Schreiter makes a similar point (2002: 15).

1.6.4 The Use of Multiple Methods in Contextual Research

One of the more recent and significant methodological developments in social and behavioural research is the use of mixed or multiple methods of enquiry in the same study, thus avoiding the necessity of making those forced dichotomous choices we have previously discussed. For instance Thomas Weisner working within the field of developmental research has written:

The use of mixed methods can amplify good developmental research and have it better and more broadly read and understood than that research otherwise might have been. It is undeniable that studies that have no qualitative or ethnographic component, or no case materials, are simply less likely to enter the discourse in anthropology, history or related fields. If they do they may be less valorised than they might otherwise deserve to be. Similarly, research that does not have a clear design or does not have some normative or standardised assessments or has small and selective samples is less likely to be heard by economists or psychologists or those in policy or other fields. Such studies may have important findings, but they are unlikely nonetheless to influence nearly as broad an audience than if they used mixed methods. (Weisner 2005: 15)

Mixed methods necessitate that the researcher be methodologically multi-lingual. As we have noted Pattison has previously drawn attention to this (2007: 39) However the use of mixed methods of enquiry is potentially powerful if the results, from the variety of methods used, converge. In this study we will use both quantitative and qualitative approaches.

CHAPTER 2

PEOPLE WITH LEARNING DISABILITIES: CONTEMPORARY SOCIAL POLICIES AND THEIR EMPIRICAL CONSEQUENCES

2.1 Social Policy Context

In this study we seek to re-establish theology as a dialogue partner with other disciplines in the field of disability studies, particularly the study of learning disability, and its social welfare consequences taking cognisance of the methodological issues we have raised. The work is therefore in the tradition of Stephen Pattison's study Pastoral Care and Liberation Theology (Pattison 1994), which focussed specifically upon the needs and care of the mentally distressed. We will begin by considering the contemporary social policy context and will then engage with the reality of life for people with learning disability, as disclosed by recent empirical research.

2.3 Liberal Market Policies and Welfare Regimes

Contemporary European-wide attempts to re-structure welfare regimes through the introduction of market mechanisms, what Moltmann refers to as neo-liberal social policies, have produced a substantial academic literature (e.g., Jordan 1998; Roger 2000; Pierson 2001; Esping-Anderson 2002 and Gilbert 2004). There is also a parallel but less substantial theological literature (e.g.,

Bigger & Hay 1994; Atherton 2000: 130-133). Peter Taylor-Gooby has described the outcome of this approach in the UK in these terms:

The 1997 New Labour Government abandoned the traditional neo-Keynesian/social democratic approach of the party and embarked on a programme of market-orientated welfare state reforms ... The UK is distinctive in having the most liberal market-orientated welfare systems in the European Union (Taylor-Gooby and Larsen & Kananen 2004: 573)

We will now consider these policy developments and the welfare regime that has arisen in consequence, with specific reference to people with learning disabilities. We will also consider parallel changes that have taken place in the understanding of the nature of learning disability itself. We will then consider the impact these policy developments have had on the quality of life of people with learning disability in contemporary British society. To what extent and in what ways can people with learning disabilities be considered 'poor' in Britain today? Is it legitimate to describe them as 'excluded', 'marginalised' or 'oppressed'? Is there an issue of social justice for liberation theologians to address?

2.3 The Changing Context of Learning Disability in Britain – the material context

The context within which people with learning disabilities live their lives has changed significantly in Britain in the past 50 years and is still changing. (Malin 1987: 1-61; Malin 1995: 1-9 and Race 1995: 46-78). The distinction Brendan Gleeson makes between the material and the ideological context of impairment (Gleeson 1999: 18-33), is particularly useful here. In terms of the material context, here we are thinking of economic, environmental and political variables among others, then there has been an extensive geographical relocation of many thousands of people with learning disabilities from institutional facilities, which

were not infrequently situated remote from centres of population, into 'ordinary' domestic dwelling houses in 'ordinary' neighbourhoods of our towns and cities (Emerson & Hatton 1994; Emerson & Hatton 2005: 23-27; Johnson & Transtaddottir 2005). The peak levels of institutional care in the UK were reached in the 1960's. Then some 60,000 – 64,000 people with learning disabilities were housed in large institutions whilst a further 35,000 – 40,000 individuals lived outside institutions under other forms of guardianship rules. (Race 1995). In 2001 the equivalent figure was 3,500 of which 1,000 were living in the 22 remaining NHS long-stay hospitals (Emerson 2005: 117).

2.4 The Changing Context of Learning Disability in Britain – the ideological context

In terms of the ideological context, here we are thinking specifically of the prevailing ideas on the nature of learning disability, there has been a gradual shift of emphasis away from a natural science perspective on the problem, which as we have indicated had its roots in Lockean philosophical empiricism and objectivism, towards an understanding of learning disability as a social-cultural construct. We will examine briefly both of these perspectives and their impact on contemporary social policy.

2.5 Learning Disabilities – the Natural Science Approach

The scientific approach is primarily concerned with developing a precise description of the phenomenon of learning disability, identifying causes and developing treatments. For instance, the British based Foundation for People with Learning Disabilities in their publication Learning Disabilities: The Fundamental

Facts (Foundation for People with Learning Disabilities 2001), emphasises that a formal definition of 'learning disabilities' should include the following:

- A specific intellectual impairment
- Deficits in social functioning or adaptive behaviour (basic everyday living skills)
- Both of which are present from childhood

A number of similar definitions are found in the medical-behavioural literature indicating the existence of a broad consensus as to the meaning of the term 'learning disability', amongst researchers and clinical practitioners (World Health Organisation 1992).

From this perspective the disorder is characterised by three significant features. The first and most important is cognitive or intellectual impairment. This is defined as having an intelligence quotient (IQ) score more than two standard deviations below the general population mean on a standardised test of intelligence (IQ below 69/70). (British Psychological Society 2000) Intelligence is understood as "a hypothetical construct, the aggregate or global capacity of the individual to act purposefully, to think rationally and to deal effectively with environment" (Wechsler 1958: 7-15). The influence of Locke's ideas is clearly apparent here. Intellectual deficits must co-exist with deficits in adaptive behaviour (e.g., problems in performing basic everyday living skills), both of these features being first present in childhood. This definition is carefully constructed so as to distinguish learning disability from chronic mental health problems and dementia arising in old age, both of which may produce a similar pattern of impairment. Within the scope of this general definition, specific disorders are located, e.g., Down's Syndrome and Autism-Spectrum disorders, which present

with specific clusters of clinical features, in addition to intellectual difficulties and behavioural deficits or excesses.

Key emphases of this approach are classification and measurement. The measurement of intelligence itself, of adaptive behaviour and maladaptive behaviour, social competence, speech and language, cognition, educational achievement, quality of life and family functioning are of particular interest. In classification, levels of performance (e.g., levels of global intelligence) and types of disorder classified by cause (e.g., genetic or environmental) are considered together with behavioural phenotypes, that is characteristic patterns of behaviour which are consistently associated with a biological disorder (O'Brien 2002). Such information is then used in clinical treatment, basic research, therapeutic research and in epidemiological studies to ascertain the incidence and the prevalence of the disorders so defined. This information is again used in the planning and development of services and in treatment evaluation.

2.6 Learning Disability as a Social Construct

A radically different understanding of learning disabilities (mental retardation), with very different philosophical roots, is given by Bogdan & Taylor (1994). They suggest that mental retardation is a social construct and a metaphor that:

Exists in the minds of those who apply the label and not in those to whom the label is applied. The answer to the question 'Who is mentally retarded'? depends on the classification procedures used to define the problem as such (48).

The emphasis here then is not so much on 'cause' as on 'meaning.' The notion that learning disability (mental retardation) is a social construct is an aspect of the more general hypothesis that all disability is socially constructed.

The philosophical approach, which underpins social constructivist views of disability, is that reality is not merely reflected or described but constructed and produced. Ideas, attitudes, values and language – ideologies in effect - are critical in shaping reality as we perceive it. Hence a definition of learning disability which purports to be an objective description of a given state of reality, is in fact a socially designed category which exists in the consciousness of those who use it; consciousness itself being socially produced (Berger & Luckman 1967 and McClimbes 2005).

The social constructivist understanding of disability does not deny the reality of inter-individual differences as such. What it does affirm however is that the recognition, understanding and significance attributed to these depends upon how we view and interpret them. Hence the concept of learning disability is the product of a particular social-cultural matrix which engenders a particular understanding of how, as a rule, human beings should think and behave.

The social constructivist view of disability is highly critical of the natural science-medical model and associated approaches, because they focus primarily upon the individual who is regarded as abnormal, leave the surrounding context untouched and this, it is argued, results in marginalisation and oppression. Such an understanding, it is also suggested, leads to the development of material arrangements, the organisation of the physical and social environment, around the interests and needs of those who are 'normal,' that is unimpaired. The power of the 'normal' as Hauerwas described it (Hauerwas 1994: 177). The disabled are

those who are not capable of participating in or complying with these arrangements. Hence disability is essentially defined and identified and responded to by exclusion.

Within the social constructivist model, the idea of disability is culturally specific. Whereas medical models and natural science understand learning disabilities in terms of biologically-based behavioural deficits and excesses which occur irrespective of social setting or cultural background, from a social constructivist perspective, learning disabilities are discrepancies in behaviour when compared with the specific expectations that occur within particular social roles and situations. As such, social systems and forms of deviance are deeply rooted within a culture and cannot be separated from it. (Mercer 1973)

Social constructivist approaches again have particular implications for those perceived as disabled. Here the emphasis is placed upon changing the material and ideological context rather than the individual; by removing barriers, attitudinal, social and physical, which impede the individual who is impaired from living in the community of their choice. There is also an emphasis on 'normalisation' (Wolfensberger 1972), which we will discuss in more detail below, and promoting the positive contribution that disabled people can make to the life of a community; giving them the respect that should be theirs by right and so enabling their full integration into a community as valued citizens. The social constructivist perspective also emphasises idiographic qualitative models of enquiry; the necessity of learning from the disabled themselves (Edgerton 1967), helping and supporting them to speak for themselves and choose how they should live their lives (Goodey 2001). From the social constructivist perspective, in an 'ideal' set of

social arrangements, people with learning disability would become progressively less visible in society.

As a consequence of the combination of changes in the material arrangements for service delivery, from institutional to community-based patterns of support, and the changing ideological context, most people with learning disabilities have gradually ceased to be 'patients' or 'clients' of communal state run welfare services. They are now supported by voluntary or private agencies, including some church based agencies, to become 'citizen consumers'; competing with others in a market economy and consumer culture. Market solutions are now preferred to government solutions. (Needham 2003; Clarke 2004 and Clarke et al 2007) The underpinning ideology of this new approach to service provision, approximates what Byrne has described as 'the classical liberal position of possessive individualism, with its emphasis on the negative liberties of the self, the optimising functions of the market and at best a residual role for the collective sphere.' (Byrne 2005: 19).

2.7 Citizenship through Normalisation

We have referred to the concept of normalisation above and its association with social constructivism. It should be noted at this stage, that the issue of citizenship for people with learning disabilities, was initially promoted through their cultural integration and the concept of 'normalisation' was developed to address this. The fundamental premise of normalisation is that the lives of people with learning disabilities should approximate the lives of other people in the society in which they live in terms of rights and obligations, patterns and quality of life (Wolfensberger 1972). It presupposes that the quality of a disabled person's life

will increase as her access to culturally typical activities and settings increases (Landesman-Dwyer 1981). For instance, the principles of normalisation were incorporated into new residential provision developments and consequently the emphasis on 'ordinary' community based residential services for all people with learning disabilities came to the fore. Underpinning this development was the hypothesis that if segregated institutions were detrimental to the quality of life of the residents' then 'ordinary' integrated community based housing provision should enable more 'ordinary' valued patterns of behaviour to emerge (Caine et al 1998).

2.8 The Principle of Normalisation is not without its Difficulties

The principle of normalisation has not been uncontentious however, and has been proposed in slightly different ways, and with different emphases, by different researchers and advocates. In particular Bank-Mikkelsen (1969) and Nirje (1969) in the Scandinavian countries and Wolf Wolfensberger (1972, 1980 and 1983, Kugel and Wolfensberger 1969) in North America (Emerson 1992) have advocated somewhat different approaches.

Wolfensberger developed the concept of 'Social Role Valorisation'. This proposes that, devalued groups of people, such as those with learning disabilities, should have the opportunity to integrate into the valued social life of society, to the extent that it is possible and practicable. (Wolfensberger 1983) Nirje (1992) points out that Wolfensberger's conception of normalisation proposed or emphasises certain standards of behaviour to which an individual with learning difficulties must conform, such that normalisation can be offered in some instances but may be imposed in others. A difficulty arises when such standards reflect primarily 'middle

class' patterns of behaviour and aspirations. Hillary Graham, for example, has characterised contemporary society by its uncertainty, primarily in terms of the variability of its sources of meaning and value (Graham 1996: 2-3). Nirje would agree with this and argues that accordingly, the learning-disabled individual should have the right to experience that variability, to choose, to be different, to 'deviate' from the norm in values and life-style, just as people in the general population can and do. Normalisation, he suggests, essentially involves the exercise of choice, and as such his is the position which actually acknowledges the disabilities of people with learning disabilities. The position advocated by Wolfensberger seems to suggest that drawing attention to a disability may lead to segregation or stigmatisation and consequently deny the disabled many of the rights enjoyed by others who are not.

Nirje's position on the contrary suggests that by denying or ignoring or hiding the disability, the individual is being denied the right to be different, to be themselves, and consequently may be denied the extra assistance they may need to live as full a life as is possible, within their own framework of values and aspirations. The concept of normalisation when considered in terms of its practical implications has generated a substantial debate which is still ongoing.

In the UK the interpretation of normalisation provided by John O'Brien has become particularly influential in shaping current health and social care services, and the debate surrounding them. (Emerson et al 1998) O'Brien's approach (O'Brien 1987; O'Brien & O'Brien 1998) does not present a new definition or theoretical statement of normalisation, instead it extracts some general and ostensibly uncontentious practical implications of normalisation for service provision and support for learning disabled individuals. O'Brien has identified five

of these, what he calls, service accomplishments, which are described in Emerson et al (1998), in these terms:

1. Ensuring that the learning disabled are present in the community by supporting their actual physical presence in the same neighbourhoods, schools, work places, shops, recreation facilities and churches as ordinary citizens.
2. Ensuring that they are supported in making choices about their lives by encouraging people to understand their situation and the options they face, and to act in their own interest, both in small everyday matters and in such important issues, as who to live with and what types of work to do.
3. Developing their competence, by developing skills and attributes that are functionally meaningful in natural community environments and relationships (ie, skills and attributes which significantly decrease a person's dependency or develop personal characteristics that other people value).
4. Enhancing the respect afforded to them by developing and maintaining positive reputations for people who use services by ensuring that the choice of activities, locations, forms of dress and use of language promote the perception of people with disabilities as developing citizens.
5. Ensuring that people with learning disabilities participate in the life of the community by supporting people's natural relationships with their families, neighbours and co-workers and, when necessary, widening each individual's network of personal relationships to include an increasing number of people. (Emerson et al 1998: 6).

These five accomplishments emphasise the implications of normalisation in terms of measurable outcomes for individuals. This emphasis is also apparent in the increased use of quality assurance evaluations, based upon the principles of normalisation in community services. (Felce et al 1998)

2.9 Consumerism

As we have indicated, one significant objective of social policy is that people with learning disability should become both citizens and consumers. John Clark and his colleague have recently described consumer culture in these terms:

Consumer culture features a populist and quasi-egalitarian impulse asserting that everyone is entitled to consume and conceive what they want. It disrupts hierarchies of taste and access. (Clark et al 2007: 10).

There is a growing and substantial literature on the impact of consumerism on public service reform. (Edwards 2000; Gilbert 2004; Glendinning & Kemp 2006) The most recent developments in social policy, explicitly recognises that people with learning disabilities are not only citizens, entitled to live in society with all the rights and obligations that entails, but are also consumers. As a consumer, the exercise of their 'choice' as to how they live their lives and how they are supported to do this, is at the heart of contemporary social care initiatives. In a submission to the 2004/5 Public Administration Select Committee on Choice and Value in Public Services, Ministers of State argued that choice must be central to public service reform because:

- It's what users want
- It provides incentives for driving up quality, responsiveness and efficiency
- It promotes equality
- It facilitates personalisation (Ministers of State 2004: 4)

This is further made explicit, for instance, in the policy that is known as 'Direct Payments', which involves central government passing funding directly to disabled persons themselves, for them to participate in the market place of care, purchasing their own care and support directly from providers (Leece & Bornat 2006), and in the development of services owned and led by the disabled themselves (Barnes & Mercer 2006). One of the most recent and comprehensive expression of this position comes from In Control which is a research and development organisation committed to promoting self-directed support for people with learning disabilities. In a recent paper on national social policy reform, In

Control suggests that ‘achieving citizenship means enabling people to acquire six keys to citizenship.’ (Duffy, Routledge & Greig 2004), which they summarise as follows:

- | | | |
|--------------------|---|---|
| Self-determination | - | the ability to control your own fate and make decisions for yourself |
| Direction | - | a unique sense of purpose by which to identify your role in the community |
| Money | - | the means to independently meet your needs without being dependent on others |
| Home | - | a place of your own in the community where you are seen to belong |
| Support | - | being able to offer others the chance to help and be useful to you |
| Community life | - | to make a contribution to the community by your meaningful presence and participation |

The most fundamental challenge for human services today, In Control suggests, is ‘to shift power and control over services directly to disabled people themselves so that they can become active citizens.’ (Duffy, Routledge & Greig 2004: 2). Only through this combined emphasis on citizenship and choice, it is argued, will people with learning disabilities be enabled to participate fully in the market place as citizen consumers.

2.10 Significant Government Policy Statements which emphasise Consumer Choice in Social Care

Two recent and significant government documents which incorporate these ideas are the Green Paper on Adult Social Care Independence, Well-being and Choice (DH: 2005) and Improving the Life Chances of Disabled People (Cabinet Office: 2005).

Both of these suggest a change of emphasis from a paternalistic to a citizenship discourse with an emphasis on rights and choice and control. In a recent paper Ruud Ter Meulen (2008), has described these policy developments, with particular reference to the provision of health care, in these terms:

... in contemporary health care, consumer choice is seen as an important way to promote patient autonomy and to combat paternalism, which is seen as the root of all evil in health care. Paternalism means that a caregiver acts with a view to promote the well-being of the patient but ignores the patient's own wishes. In the past, caregivers provided care, thinking they knew what was best for the patient. Care based on patients' choices and preferences has the goal of diminishing the supply-orientated character of care, so the patient can determine which care is desirable for him. (86)

This new approach, in respect of people with learning disabilities, is detailed in the Department of Health White Paper, Valuing People (Department of Health 2001). Its principle characteristics are summarised in a recent Cabinet Office Document in these terms:

- personalised according to individual needs and circumstances;
- is underpinned by listening to disabled people and acknowledging their expertise in how to meet their needs;
- maximises the choice and control that people have over how their additional requirements are met;
- provides people with security and certainty about what level of support is available;
- wherever possible, minimises disincentives to seek paid employment or to move from one locality to another;
- uses existing resources to maximise social inclusion. (Cabinet Office 2005).

Jim Mansell whose research has been particularly influential in some aspects of British policy development has summarised the implications of this policy for people with learning disabilities in these terms:

The rise of market-based approaches to service development – the replacement of special arrangements for learning disability services by generic services, responsibilities and practices – and a changed perspective which emphasises rights and empowerment apparently (though

perhaps inadvertently) at the expense of addressing the impairments people have. (Mansell 2005: 30)

2.11 Social Market Policies – some successes but many problems remain unsolved

The extent to which ‘power and control’ can ever be shifted to people with learning disabilities themselves is seriously problematic. It is becoming increasingly clear that the reality, as people with learning disabilities experience it, does not quite correspond with the liberal market vision as others have articulated it. For instance, Taylor-Gooby, Larsen & Kamaven (2004), have recently written that although real progress has been made towards welfare ends through the introduction of market mechanisms, some ‘intractable problems remain’ (573). Whilst it is clear that the policy of social inclusion, the promotion of independence and choice as key values, the enforcement of civil and legal rights and the prohibition of discrimination are clearly improving the quality of life of people with learning disabilities, when compared with the policies of institutionalisation they replaced, not all the outcomes are positive. In particular, in a cultural and policy context in which personal autonomy is perceived as a universal human need and a human right and essential for well-being (Doyal & Gough 1991), many people with learning disabilities experience serious challenges in exercising autonomy and it appears, still remain significantly disadvantaged and socially excluded. In addition, significant structural inequalities remain to be addressed. (Inclusion International 2006, Inclusion Europe 2006) The Department of Health White Paper, Valuing People (Department of Health 2001: 14) acknowledges this when it writes that ‘people with learning disabilities are amongst the most socially excluded and vulnerable groups in Britain today.’ This is specifically so in terms of their general health (Elliot, Hatton & Emerson 2003: 9-17; Emerson & Hatton

2007a: 140-150), and their access to employment opportunities (Department of Health 2001: 20). Many are also financially disadvantaged (Emerson & Hatton 2007: 866-874), and suffer victimisation and abuse (O'Callaghan, Murphy & Clare 2003: 175-180).

Underpinning these many disadvantages, it would appear, is their limited access to social networks and consequently to social capital, the added value which such networks may generate. However, as yet there is only a handful of published studies which have examined the availability of social capital to people with learning disabilities and all of these have been undertaken from a Bourdiesian perspective. Social capital it is suggested is a productive resource, added value, created through networks of interpersonal communication, which are characterised by trust, agreed norms of behaviour and obligations and shared objectives and which open channels of communication to the wider community. Schuller, Baron & Field 2000 have recently written:

Social capital – broadly, social networks, the reciprocities that arise from them, and the value of these in achieving mutual goals – has become an influential concept in debating and understanding the modern world. (Schuller, Baron & Field 2000, 1)

In addition, a considerable number of studies suggest, that when individuals have access to social capital this produces benefits for them in terms of social acceptance, personal health, access to employment opportunities and acts as a protective factor against a variety of risks including abuse (Poortinga 2006). Likewise those whose access to social capital is restricted or diminished are likely to be particularly disadvantaged or at risk in those areas. In addition bonding social capital, that is endogenous to particular networks, may produce bridging

and linking social capital which have benefits for the wider community. We will expand upon these terms and related research in Chapter 4.

We will now consider in-depth the evidence relating to each of the sources of disadvantage we have identified, that people with learning disabilities experience in contemporary society.

2.12 Health of People with Learning Disabilities

Studies suggest that although there have been considerable gains in global health in the past two decades, there remain significant health inequalities which are related to variations in economic, social, intellectual or cultural variables (Leeder & Dominello 2005). There is for instance a growing body of evidence that people with intellectual disabilities have a higher rate of morbidity and a lower life expectancy than those who are not so impaired (Bittles et al 2002; Ouellette-Kuntz 2005; Elliot et al 2003). The main causes of death among people with learning disabilities are respiratory disease, cancer, injury, congenital heart disease and seizures (Leeder & Dominello 2005). Again because many people with learning disabilities lack the ability to monitor or interpret changes in their own health, or communicate such changes to others (Atkinson 1988; Matikka & Vesla 1997), illnesses which may be easily recognised by those without intellectual difficulties, may go undetected or unrecognised. Furthermore, inadequate self-care skills may contribute to the increased morbidity in this group. For instance, dental disease is particularly common in those who are unable to brush their own teeth.

However, there is increasing evidence that it is the social conditions to which many people with learning difficulties are exposed, which contribute to their poor health, inadequate support and self-care (Leonard & Wen 2002). Children,

who are exposed early in life to social deprivation, are at significantly greater risk of experiencing forms of developmental delay associated with intellectual disability, including speech impairment, cognitive difficulties and challenging behaviours (Power & Hertzmann 2004). In a recent study of a British sample of 10,438 children and adolescents with learning disabilities, the authors concluded that learning disability was a significant risk factor for poor general health, emotional disorders and conduct disorders and that socio-economic disadvantage accounted for a significant proportion of this increased risk (Emerson & Hatton 2007b). Estimates for Britain indicate that 44% of children aged 5 – 15 years with learning disabilities were living in poverty in 1999, whereas the rate among other children was 30% (Emerson 2003).

In adulthood too, the prevalence of learning disabilities is higher among those living in poor socio-economic circumstances (Leonard & Wen 2002), in part because of disadvantage experienced in childhood. Those with mild disabilities are more likely than non-disabled people to have employment histories characterised by frequent periods of unemployment (Maughan et al 1999). Women with mild learning disabilities are further disadvantaged by high rates of teenage motherhood (Maughan et al 1999). In both childhood and adulthood co-morbidity, the experience of multiple illnesses and functional limitations, disproportionately affects people with intellectual disabilities (Elliot et al 2003). For example, in the British 1958 birth cohort study, children with mild learning difficulties were at higher risk of sensory impairments, and emotional difficulties; they were also more likely to be in contact with psychiatric services. In adulthood mild learning disabilities were associated with limiting long-term illness and disability, and particularly for women with depressed mood (Maughan et al 1999).

Although research on the geography of disability, as it relates to health and quality of life, is limited (Crookes, Dom & Wilton 2008), there is evidence that socio-economic position influences where people are likely to live, with poorer people living in neighbourhoods which are economically deprived, with poor housing and amenities. There may also be higher levels of crime and anti-social disorder in such neighbourhoods and fragmented social networks. Since people with disabilities as we shall discuss below, are relatively economically disadvantaged, living in such neighbourhoods as many do, also exposes them to additional health hazards due to the adverse psychosocial conditions they experience (Lupton & Power 2003).

If we consider some specific health risks, there is evidence, for instance, that there is a higher prevalence of mental health problems among people with learning disabilities, than in the general population. Emerson (2003) reported that psychiatric disorders were detected seven times more often in children aged 5 – 15 with learning disabilities than in children of the same age without such disabilities.

A study by van Schroyen et al (2000) reported that sexually transmitted diseases were eight times more frequent in males with learning disabilities than in those without such disabilities. The same study reported that fractures were three times more frequent in people with learning disabilities than those without and that there was an increased prevalence of obesity. Similar findings have been reported in other studies (e.g., Rimmer, Braddock & Fujiura 1993).

The evidence of health inequalities faced by people with learning disabilities presents a complex problem and it is not suggested that current market driven social policies are solely responsible. For instance, the increased risk of sexually

transmitted diseases may arise as a consequence of life style choices combined with the difficulty in establishing stable relationships and inadequate sexual health education. Similarly the increased risk of obesity may arise out of an interaction between food preferences, poverty, lack of food preparation skills and inadequate dietary advice. Nevertheless, following twenty or more years of market driven service developments there is no evidence that the picture is changing significantly. Ouellette-Kunitz (2005), in the conclusion to her paper, suggests a number of potentially modifiable factors that should be considered, when seeking to ameliorate these health risks. In particular, she emphasises the importance of social networks and their role in promoting and facilitating life-style choices, as being particularly important. Living and working conditions, including community attitudes and wider structural determinants of health, are also significant.

2.13 Employment, Poverty & Learning Disability

We have already noted the studies by Emerson and his colleagues on the association between learning disability and socio-economic disadvantage (Emerson 2003; Emerson & Hatton 2007a; Emerson & Hatton 2007b). Although poverty and disability appear to be intimately associated, there is in fact very little systematic research bearing upon the nature of the relationship. Elwan (1999), in her review of the literature on poverty and disability generally, summarises the position in these terms:

Disabled people have lower education and income levels than the rest of the population. They are more likely to have incomes below poverty level, and less likely to have savings and other assets than the non-disabled population. These findings hold for both developing and developed countries. In developed countries, official programmes do not appear to result in incomes for the disabled commensurate with non-disabled peers; even with substantial transfer and employment programmes, the disabled still face a higher risk of poverty. (2)

She further writes that 'certain groups within the disabled population are more vulnerable to the risk of poverty, including the elderly, those with mental handicaps (learning disabilities), and women.' (2)

Making specific reference to the situation in the UK, Inclusion Europe (2006: 9), and referring to the work of Langeman & Worrall (2005), note that:

At least 55% of families with a disabled child live in poverty. 84% of families with disabled children are in debt compared to 47% of all households. More than 80% of mothers of disabled children are unemployed. 31% of families supporting a disabled child are one-parent families.

Poverty is therefore a significant and persistent feature of the lives of substantial numbers of children and adults with learning disabilities and their families. Emerson in his most recent review of the evidence has this to say:

First poverty causes intellectual disabilities, an effect mediated through the association between poverty and exposure to a range of environmental and psychological hazards. Second, families supporting a child with intellectual disabilities and adults with intellectual disabilities are at increased risk of experiencing poverty due to the financial and social impact of caring and the exclusion of people with intellectual disabilities from the workplace. It is likely that the association of poverty and intellectual disabilities accounts in part for the health and social inequalities experienced by people with intellectual disabilities and their families. (Emerson 2007: 107)

If we consider the labour market participation of people with disabilities which Emerson specifically implicates as a cause of poverty, the situation is gloomy. Inclusion Europe (2006), summarises the position in these terms:

According to Eurostat 78% of people with severe disabilities aged 16 – 64 are outside the labour force compared to 27% of people without long-standing health problems or mild disability. Even among those considered to be in the labour force, the unemployment rate is nearly twice as high among persons with disabilities as compared to the non-disabled. Also, the more severe the degree of disability, the lower the participation in the labour force: only 20% of persons with severe disabilities as compared with 68% of those without. (19)

Inclusion Europe furthermore, specifically associates low labour market participation with poverty, for people with disabilities:

Among other reasons, people with disabilities are at a higher risk of poverty because their participation in the labour market and their income from employment are clearly below average. (2)

Again, in terms of the data available, it is very difficult to identify the situation as it relates specifically to people with learning difficulties. However, the Department of Health has reported that less than 11%, of an estimated 800,000 adults of working age with learning disabilities in England, were employed, (Department of Health 2005).

Recently the Norah Fry Research Centre at the University of Bristol, undertook a review of the financial issues confronting people with learning disabilities and their families, in the UK (Williams, Abbot, Rodgers, Ward & Watson 2007). They reported the following conclusions:

- Many people with learning disabilities do not understand money. 40% were not sure about coins and notes and their value. 86% were confused over benefits, income and expenditure.
- Many people with learning disabilities said they were frightened about money and did not understand bills and budgeting.
- 74% of the people interviewed in the study relied on carers and parents to control their finances. They found they needed this support, but also found it frustrating not to be in control.
- People with learning disabilities said that banks and other financial institutions presented difficulties for them. Only 51% had a bank account of their own. This was often because of inaccessible information and procedures.
- Many people with learning disabilities had low income, combined with high outgoings. Studies suggest that they have about £200 per week less than is necessary to enjoy an acceptable quality of life.
- Although only 11% had paid work, many were afraid of losing their benefits if they became employed.

- Many people with learning disabilities were only given what amounted to pocket money. They tended to spend their money on small personal items, holidays, snacks or sweets. It was hard for them to learn about budgeting for bills, food, shopping or major expenditures.
- People with learning disabilities were very vulnerable to offers of loans or other financial products. They often did not understand that they had to be careful about loan sharks and cold calling. They were also worried about credit arrangements, overcharging and debt. Problems and worries relating to money could result in mental distress.

The report concludes that:

For people with learning disabilities themselves, there is a huge gulf between the 'Mars Bar' and 'managing the flat' – between small scale spending on personal items, and managing living expenses. This is a very wide gap to span and there seems to be an absence of solutions to the stages of learning and independence that lie between these two extremes. (45)

The notion of citizenship that emerged with New Labour reforms, is one that is largely tied to the interests of paid workers. Lund has called this the 'model of the citizen-worker.' (Lund 2001)

2.14 Victimisation & Abuse of People with Learning Disabilities

In a recent paper O'Callaghan, Murphy & Clare (2003), have listed a number of studies which have reported research on the abuse of children and adults with learning disabilities. The studies suggest that such abuse takes a variety of forms, including sexual abuse, physical abuse, emotional and financial abuse, neglect and the deliberate over and under-use of medication.

Abuse is also documented to have taken place in a wide variety of settings both domestic and statutory. For instance, in 2006, an investigation was undertaken into services for people with learning disabilities provided at Cornwall Partnership NHS Trust. The following is a brief extract from the report:

64 instances of poor or abusive care ... were recorded in personnel files, correspondence and notes from investigations (including) staff hitting, pushing, shoving, dragging, kicking, secluding, belittling, mocking and goading people who use the trust's services, withholding food, giving cold showers, overzealous or premature use of restraint, poor attitude towards people who used services, poor atmosphere, roughness, care not being provided a lack of dignity and respect, and no privacy. (Commission for Healthcare Audit & Inspection & Commission for Social Care Inspection 2006: 34)

The prevalence of such abusive practices is not well understood or researched. Most attention in the literature has been given to sexual abuse. Here prevalence studies have explored the proportion of people, with a learning disability, who throughout their lifetime have experienced such abuse (Brown 1994; Stein & Turk 1995). Figures published from such studies vary significantly from 8% in a UK study by Buchanan & Wilkins (1991) to 58% in a study by Hard & Plumb (1987) in the USA. More recently McCarthy & Thompson (1997), found prevalence rates of 61% for women and 25% from men in their UK sample.

Despite the paucity of research a number of conclusions can be drawn about the nature of sexual abuse perpetrated towards people with intellectual disabilities.

- Offenders are predominantly male and known to their victims.
- More women are victimised than men.
- Abuse is a frequent occurrence in the lives of many people with learning disabilities. McCarthy & Thompson found that only 26% of women and 11% of men, who had been abused, had been abused only once. Whilst 17% of women and 24% of men had been abused several times; 22% of women and 24% of men had experienced sexual abuse continuously over the years.

Sobsey & Doe (1991) have conservatively estimated that sexual abuse of persons with intellectual disabilities occurs at 1½ times the rate for the general population.

2.15 Social Integration of People with Learning Disabilities

As yet very little research has been published using the concept of 'social capital' in the field of learning disabilities and this exclusively in the context of Bourdieu's theory of social capital. However, there are a number of studies looking at the extent of friendship and social networks available to people with learning disabilities because, as O'Brien suggests, one of the key indicators of normalisation is the development and maintenance of satisfying and supportive relationships (O'Brien & O'Brien 1993). It should be made explicit here however that participation in social networks and friendships, although considered necessary for the formation of social capital, are not in themselves sufficient for that purpose. They may not in themselves constitute a source of capital unless it can be demonstrated that there is added value that accrues as a consequence. This has to be demonstrated over and above the existence of the networks themselves. We will consider the methodological issues this raises in Chapters 6 and 7.

It is only since the 1980's that social networks have been recognised as a fundamental necessity for successful community living for people with learning disabilities (Anderson & Klos 1992; Chappell 1994; Felce 1988). Living in an ordinary home in the community was seen as the essential prerequisite for social integration (Jansen et al 1999). Through physical presence in the community it was assumed a person would naturally develop a network of social relationships within the community over the course of time and hence 'true' community integration would then occur. However, it is clear that following deinstitutionalisation, social integration in the community has not materialised (Firth & Rapley 1990). In many instances, community housing was provided and

the services ended there (Social Services Committee 1985), demonstrating a failure to recognise both the importance of relationships and how they develop. (Lord & Pedlar 1991) Firth & Rapley further suggest that this oversight was a result of an overriding focus on the issues of proximity and access to the community, amongst planners and professionals, and a lack of recognition of relationships, as a significant need.

Supportive and rewarding personal relationships have been found to have a positive impact on the psychological and physical well-being of people with learning disabilities (see reviews by Cobb 1976, Leavy 1983). Relationships have been shown to have many positive consequences. They provide: companionship, security and intimacy; a sense of identity; practical, positive help; and self-esteem (Reiter & Bendov 1996; Firth & Rapley 1990). Conversely, a small number of studies have revealed an association between the absence of or inadequate social support and depressed mood. (Reiss & Benson 1985) Chappell (1994) has noted the detrimental effect that the absence of social relationships can have on an individual's well-being, leading to loneliness, exclusion, personal neglect and a sense of social failure.

Studies suggest, that in practice, people with learning disabilities participate in few meaningful social relationships. (Donnelly et al 1996; Ralph & Usher 1995; Emerson & Hatton 1994; Chappell 1994; Garvey & Stenfert Kroese 1991; Lord & Pedlar 1991; Firth & Rapley 1990; Flynn 1989; Richardson & Ritchie 1989; Donegan & Potts 1988; Atkinson 1986; Bercovici 1983; Malin 1987; Gollay, Freedman, Wyngaarden & Kurtz 1978). Robertson et al (2001) for instance in her research reported that the median size of participant's friendship networks (excluding support staff), was two people.

A recent large scale study of a sample of 1542 adults with intellectual disabilities across nine geographical locations in Northern England reported: (1) low level of friendship activities (e.g., having a friend stay over in your home, staying over with a friend in their home, having a friend over for a meal); (2) that people with intellectual disabilities were more likely to be involved with friends who also have intellectual disabilities; and (3) that most friendship activities took place in the public domain rather than in more private settings (e.g., at home), (Emerson & McVilly 2004). The study reported that the median number of occurrences of all friendship activities with friends with intellectual disabilities was two and the median number of occurrences of friendship activities with friends without intellectual disabilities was none.

More specifically, people with learning disabilities, and especially those with more severe disabilities, tend to have most of their contacts with people who are paid to support them or family members or other people with learning disabilities who live with them or in close proximity to them (Ralph & Usher 1995; Emerson & Hatton 1994; de Kock et al 1988). Hence, it is these individuals upon whom those with learning disabilities rely for their social lives (de Kock et al 1988; Firth & Short 1987). Fleming & Stenfert Kroese (1990) found in their study of a community care project, that the majority of visitors to the residence were visiting as part of their job. Participants indicated that friends were either non-existent or visited rarely. Across studies, frequency of contacts with those who are not staff, family members, or other residents in community settings, has been consistently found to be relatively low (Jahoda et al 1988; Fleming & Stenfert Kroese 1990; Lowe & de Pavia 1991). Studies which have investigated the intensity and depth of social relationships with non-disabled individuals suggest that they are generally

superficial or that is produce little added value or are non-existent (Jahoda et al 1988; Jahoda et al 1990; McConkey et al 1983; McConkey et al 1981). Also, it is notable that when they occurred, contacts with those in the community may not always be positive in nature (Flynn 1989).

The research on friendship has focused primarily on relationships with non-disabled people rather than with others with learning disabilities (Pilkington 1991; Richardson & Ritchie 1989). This reflects a clear assumption, in much of the literature, that relationships with non-disabled people are to be preferred to those with other disabled people. The implication is that friendships between individuals with learning disabilities are in effect relationships between two devalued people who stigmatise each other by association. However, relationships with learning disabled peers are seldom studied, and have even been viewed by a number of researchers (e.g., Atkinson 1986), as a sign that integration has failed. Chappell (1994) argues however that relationships with non-disabled people should not be assumed to be more valuable than those between disabled people, and that peer relationships should be viewed as a positive part of disabled people's lives.

Given the accumulation of evidence that many people with learning disabilities fail to make and sustain relationships other than with other people with learning disabilities, research studies have looked for explanations. These have concentrated exclusively upon characteristics of the learning disabled themselves. For example, studies have suggested that people with learning disabilities lack appropriate social skills (Robertson et al 2001), or have difficulties in the areas of personal self determination and choice (Hatton 2004), or at times behave inappropriately and lack self-confidence (Le Touze & Pahl 1992). Other studies have emphasised inadequate communication skills (Cogher 2005). Their failure to

integrate is then seen as the responsibility of the learning disabled themselves or as a consequence behavioural deficits and the solution is targeted skills training in the areas that are perceived to be deficient (Odom, Klingerman & Jakanski 2004).

2.16 People with Learning Disabilities as an Excluded Minority

The evidence we have reviewed suggests that despite significant developments in social policy and practice and an increased financial commitment towards the development and re-configuration of services, many people with learning disabilities are still suffer multiple disadvantages. Moltmann's concerns about the impact of liberal market social policies appear to be perfectly justified. Madanipur et al have defined social exclusion in these terms:

...as a multi-dimensional process, in which various forms of exclusion are combined; participation in decision-making and political processes, access to employment and material resources and integration into common cultural processes. (Madanipour et al 1998: 22)

Such a definition fits precisely the situation of people with learning disabilities as we have described it: multiple sources of disadvantage underpinned by and underpinning social exclusion. Exclusion involves powerlessness, lack of access to material and financial resources and the opportunity to obtain them and the exclusion from social and cultural systems. Don Forrester writes that social exclusion is a 'bland way of speaking about a process of separation, subordination, humiliation and sheer deprivation of the resources necessary to maintain a decent life.' (Forrester 2001: 219). People with learning disabilities have been and it seems still are victims of this and all that it entails.

So to respond to the question we originally posed in Chapter 1, 'yes' there is clearly an issue of social justice for liberation theologians to address.

2.17 Conclusion

As we have demonstrated, there is an increasing body of published research which suggests that one of the most significant negatives in the current life experience of people with learning disabilities in the UK is their relative social exclusion, which is often described in terms of a diminished access to social capital, although this concept is not explicitly used in the learning disabilities literature.

Social capital is a contested, ideologically loaded but an increasingly influential concept in social theory and social policy research. One particular reason why the concept is so attractive is that it transcends a number of dichotomies in social research, particularly those between individual and collective action and the pursuit of self-interest and concern for others (Castiglione, Van Deth & Walleb 2008: 4). Dichotomies which are of particular interest to this study.

A further attraction of the concept to researchers, is that it is measurable. The social capital literature has given substantial attention to the methodological issues surrounding its measurement.

Social Capital is also emerging as a significant idea in practical and public theology and in addition, associated concepts such as religious capital, faith capital and spiritual capital are increasingly used in research. (Baker & Miles-Wilson 2007).

It therefore has the potential as a bridging concept linking the social science/policy literature and the practical/public theology literature, thus enabling a constructive dialogue as, suggested by Roberts (Roberts 2002: 192) to take place. Recently, Baker & Skinner wrote the following:

The concepts of spiritual capital and religious capital are ways of describing faith-based engagement within the public domain. Developed with reference to the concept of social capital, these terms highlight the overlapping, yet distinctive ways in which faith communities engage with mainly secular understandings of regeneration, civil society and urban renaissance. (Baker & Skinner 2006: 4)

In the studies that follow we will utilise social capital and its derivatives to explore further the life experiences of people with learning disabilities in Church and society. In Chapter 4 and Chapter 5 we will explore the origin and development of the concept of social capital and its derivatives, both in the social science and theological literature. Approaches to its measurement will also be reviewed. In the next chapter however we will return to issues we raised in Chapter I and consider the development of certain theological ideas and practices, particularly those associated with the Catholic tradition and how they have had an impact on the care of people with learning disabilities.

CHAPTER 3

THE CATHOLIC CHURCH AND PEOPLE WITH LEARNING DISABILITIES IN THE POST VATICAN II ERA – CONTEMPORARY CATHOLIC SOCIAL PRACTICES IN THE UK

3.1 Introduction

In this chapter we undertake a parallel study to that in Chapter 2 in that we review some of the contemporary theological themes and practices which bear upon the support of people with learning disabilities. Fundamental to the Catholic Church's approach is a theology which has developed and become more explicit since the Second Vatican Council and whose vision has specific social implications. The idea of the Church as 'the people of God' has been particularly significant since it encourages greater lay participation in the administrative and liturgical life of the local Church; and in this context the needs of people with disabilities are now explicitly addressed - a significant departure from pre Vatican II years. We will first briefly consider some aspects of these theological developments relevant to people with disabilities before proceeding to review the specific policy documents the Church has produced and the associated catechetical pastoral and communitarian developments.

3.2 Some Fundamental Theological Concepts

The theologian Richard P McBrien in his book Catholicism (McBrien 1994) has pinpointed some fundamental and distinctive characteristics of a Catholic theological anthropology in the post Vatican II era. These he refers to as sacramentality, mediation and communion (9-14). In this he draws heavily upon the work of Karl Rahner, particularly his book The Church and the Sacraments (Rahner 1994) and the work of Edward Schillebeeckx, Christ the Sacrament of the Encounter with God (Schillebeeckx 1963).

In terms of sacramentality, McBrien suggests, the Catholic tradition emphasises that it is the body which is the indispensable condition for engagement with the divine. Bodiliness is essential to personal identity. Recently the International Theological Commission in its document Communion and Stewardship: Human Persons Created in the Image of God, had this to say:

The view that bodiliness is essential to personal identity is fundamental, even if not explicitly thematised, in the witness of Christian revelation. Biblical anthropology excludes mind-body dualism. It speaks of man as a whole ... The central dogmas of the Christian faith imply that the body is an intrinsic part of the human person and thus participates in his being created in the image of God. The Christian doctrine of creation utterly excludes a metaphysical or cosmic dualism since it teaches that everything in the universe, spiritual and material, was created by God and thus stems from the perfect good ... Furthermore, Jesus redeems us through the very act he performs on his body ... Christ's work of redemption is carried on in the Church, his mystical body, and is made visible and tangible through the sacraments. (International Theological Commission 2007, 1, 28-29)

From this perspective we encounter the identity of Jesus in the body, his and ours. After the crucifixion, this encounter is continued sacramentally. The implications of this theology of the body for human impairments have recently been explored in a number of studies. For instance Barbara Patterson in her paper Redeemed Bodies: Fullness of Life (Patterson 1998) writes:

Christianity assumes that the whole of creation is mysteriously woven as the body of God. Sharing this mystery, we have common points of ability and disability that connect us to one another and to God. ... Though we all have problems in and with our bodies, our faith claims that God created our bodies good. This is an important message in the face of the culture's mixed messages about the goodness of the body. (124)

We shall make reference to Patterson's work and also the work of Nancy Eiesland (Eiesland 1994) later in the chapter.

Human persons have no other way of initiating or maintaining contact with Jesus than through other persons. Within the Catholic tradition, the sacraments of the Church are particularly significant in this process of mediation between Jesus and the human being, but the whole life of the Christian community is also sacramental, in that it brings persons into relationship with Christ and with each other.

It should be noted at this point, that the Catholic Church has always been uncomfortable with the Lockean understanding of learning disability, which underpins the natural science approach in particular, since it arises out of Cartesian mind-body dualism, which the Church specifically rejects. The International Theological Commission (2007) puts it this way:

Present day theology is striving to overcome the influence of dualistic anthropologies that locate the imago Dei exclusively with reference to the spiritual aspect of human nature. (27)

In terms of mediation, encounter with God is mediated by historical, social and material situations, not simply in the depth of the personal conscience. It follows that all the institutions of Catholic social care directed at the support of the disabled are themselves considered sacramental signs of Christ's healing of the whole human being, body and mind.

As we have also explained the Catholic approach emphasises community. Faith is not just a personal relationship with God. There is no relationship with God that is not also a relationship with others. Again the International Theological Commission has this to say:

When one speaks of the person, one refers both to the irreducible identity and interiority that constitutes the particular individual being, and to the fundamental relationship to other persons that is the basis for human community.... In effect no person is as such alone in the universe, but is always constituted with others and is summoned to form a community with them ... It follows that personal beings are social beings as well. The human being is truly human to the extent that he actualises the essentially social element in his constitution as a person with familial, religious, civil , professional, and other groups that together form the surrounding society to which he belongs. (3, 42)

The term ‘solidarity’ has been used to express the belief that people are called into this relationship of trust and mutual commitment, but more than this in the sense that in community people are drawn together by shared actions, not just a shared tradition or a shared narrative. The ‘emphasis’ of shared action/praxis as the basis of community is an important insight of Gustavo Gutiérrez, to which we will refer again.

We will now consider how these theological principles feed through into the Church’s working documents and praxis, particularly as they bear upon people with learning disabilities.

3.3 People with Learning Disabilities within the Roman Catholic Church: A Review of Recent Policy Documents

In 1981, which the United Nations proclaimed as The International Year of the Disabled Persons, the Vatican issued a document which enunciated a number of principles which it suggested should underpin the support of disabled people, and their practical implications. These can be summarised briefly as follows:

1. The disabled person is a fully human subject with corresponding innate sacred and inviolable rights
2. The disabled person must be helped to take his or her place in society in all aspects and at all levels as far as is compatible with his or her capabilities
3. The quality of society and civilisation are measured by the respect shown to its weakest members
4. The fundamental approach to the sharing by the disabled of the life of society must be inspired by the principles of integration, normalisation and personalisation

Finally, and this is quoted in full:

5. 'Parishes and youth groups of various kinds will give special care to families in which one of these children marked by sorrow is born and grows to maturity; they will also study, continually apply and if necessary, revise suitable methods of catechesis to the disabled, and they will pay attention to their insertion into cultural and religious activities, so as to ensure they will be full members of their Christian community, in accordance with their clear right to appropriate spiritual and moral education'.
(*Vatican document for International Year of Disabled Persons, 1981*)

It is clear then that just as the conviction has grown that disabled people have the right to play a full and active part in the life of their local communities, so too they have a right to participate in the sacramental life of their Church community and be supported to do so. (Kelly & McGinley, 1992) However it should be noted that this document and subsequent documents published by the Bishops' Conference of England and Wales are primarily concerned with inclusion within the church. Inclusion with society, although it is mentioned, is not addressed in any detail. The notion of 'choice' does not occur at all.

In the same year 1981, following upon the publication of the Vatican document, the Bishop's Conference of England and Wales produced a statement All People Together (Bishop's Conference for England and Wales, 1981) which restated these principles for a British context but also placed an explicit emphasis

on the spiritual development of disabled people through participation in the sacramental life of the church. A number of quotations will illustrate the emphasis and theology of the documents. With respect to the sacrament of baptism this document says:

Through the sacrament of baptism disabled persons are members of the Church. As a consequence they are encouraged to share in the full sacramental life of the Church if this be at all possible. Those whose task is to administer sacraments must be eager to ensure that a physical or mental disability does not lead to a spiritual deprivation. Priests and teachers must be sensitive to the intuitive interpretations of parents and others who are close to disabled people and who can sense their mood. (3)

The whole emphasis of the Church's attitude must be one of welcome and supportive encouragement. Care must be taken to ensure that the things of God are not misused, but it is equally important to ensure that what God offers to his children is made available to them. Certainly no priest should refuse a disabled person any sacrament without making sure that he appreciates what the disability is and how it is to be interpreted. (3)

With respect to the participation of the disabled in the liturgical life of the Church the document says:

Disabled people must be made welcome in the liturgical life of the Church, especially at Mass where the community of the faithful gather. Within this is the sacrament of Holy Communion – the supreme sign of unity with Christ and his Church. Into this holy unity is gathered the unity of parents with their handicapped child and the unity within the family is consecrated when the family come together to receive Our Lord in the Eucharist. Because the sacrament is so sacred it must never be diminished or reduced by mindless reception and a child of normal mental ability is expected to have an explicit faith in the real presence before receiving Holy Communion. (5)

Finally the document makes specific reference to the circumstances of people with learning disabilities (the document uses the term mentally handicapped):

If the Church is insensitive to the variety of human situations there is created a 'double disability', a limitation of understanding on the part of the Church which adds an unnecessary frustration to that which already exists. Approaching the time when it is the practice to receive Holy Communion, the mentally handicapped child may not be able to formulate distinctions which are usually required before admission to the sacrament. The priest

whose task it is to administer the sacrament must make sure that he has used every possible means to interpret the mind of the child and, in addition, be encouraged by the faith of the family of which the child is almost certainly the centre. When parents are devout and generous the community of the family supports the child in faith. We already see this in the baptism of children. (6)

The document repeatedly emphasises that it is through the reception of the sacraments that the disabled person becomes a member of Church community. It is the priest who must ultimately decide whether a particular disabled person is competent to receive a sacrament. But the priest is encouraged to work closely with the parents, to be sensitive to their 'intuitive interpretation' of, the child's spirituality. Throughout the document the importance of the family in the ongoing spiritual development of their children, even into adult years, is emphasised. Finally, the document emphasises the capacity of disabled people to 'arouse the generosity of others' in a parish community and that this is an 'active mission which is so effectively theirs'. In 1989 the Bishops' Conference published a further document Love and the Disabled, which considered in depth the sacrament of marriage and disability in the context of the Church's Canon Law. We will make further reference to this document in 3.4.

In 1998, that is seventeen years after the original Vatican document, the Bishop's Conference published a more comprehensive document. Valuing Difference: People with Disabilities in the Life and Mission of the Church (Bishops Conference of England and Wales, 1998), This the document indicates, 'aims to build upon the 1981 statement in four ways (9). These are:

- By examining what is meant by a stronger and more inclusive Church
- By exploring more extensively what is required to make it a reality, so that people with disabilities are enabled to participate fully in all aspects of its life
- By highlighting what people with disabilities themselves can do to help the Church become more inclusive

- By offering examples and resources to assist people both with and without disabilities in the process of change and development (9)

Before examining this document we should recall that in 2001 the Department of Health published the document Valuing People, which as we have discussed in Chapter 2, outlined the principles which should underpin the support and care of people with learning disabilities in society, so as to enable them to enjoy full and active lives as citizens. It is useful to compare these two documents, for in doing so it exposes the distinctive, if not always transparent, features of the Catholic approach.

3.4 Valuing People and Valuing Difference: A Comparative Analysis

The most conspicuous difference between these two documents lies in their titles. Valuing People lays out a strategy of change in policy and practice for learning disability services in the UK for the 21st century. In doing so it emphasises from the start that people with learning disabilities are people first and in consequence do not necessarily wish to be treated as 'special' or 'different' from others. The primary element of these policy initiatives is to influence support services such that eventually 'Each individual should have the support and opportunity to be the person he or she wants to be' (23). The influence of Nirje's understanding of normalisation is apparent here (see Chapter 2).

The document emphasises throughout the necessity for change toward greater legal and civil rights, independence and choice, which it is anticipated will result in people with learning disabilities being 'part of the mainstream', being enabled 'to do ordinary things and to be fully included in the local community' (23-24). This will involve both change on the part of the disabled persons themselves (e.g., skill development so as to promote employability) and change on the part of

the community/society in which they live (e.g., attitude change leading to greater acceptance). People with learning disabilities are no longer to be known by their disability, rather they are to be known as people/citizens first, sharing the same rights and obligations as other citizens in society.

Although Valuing People does not use the term 'social capital' it does consider in some detail the implications of its vision for what it calls the 'life chances' people with learning disabilities should experience, all of which have implications for social capital development. One particular and important example of this is the importance the document attaches to the opportunity people with learning disabilities should have for forming relationships. For example the document suggests that:

Good services will help people with learning disabilities develop opportunities to form relationships including ones of a physical and sexual nature. (81)

and furthermore, in a radical break with former attitudes, the document suggests that:

The number of people with learning disabilities who are forming relationships and having children has steadily increased over the last 20 years ... People with learning disabilities can be good parents and provide their children with a good start in life, but may require considerable help to do so. (81)

At this point if we turn to the document Valuing Difference, it is soon apparent, as the title suggests, that the underpinning ideas are somewhat different. The document commences for instance with this quotation from the Code of Canon Law:

Flowing from their rebirth in Christ, there is a genuine equality of dignity and action among all of Christ's faithful. Because of their equality they all contribute, each according to his/her own condition and office, to the building up of the body of Christ. (Code of Canon Law n. 208)

The document then proceeds to interpret this in these terms:

Each of us is created in God's image. God loves us *as we are*, with our own particular gifts and limitations, strengths and weaknesses. Christ's liberating message of love and hope celebrates difference because He values each and every person as unique and equal. (7)

There is a clear difference of emphasis here when compared with the position taken in Valuing People. People with impairments are regarded as equal in dignity to others, but it is their inequality, functionally and empirically, in virtue of their condition, which determines the response the Church makes to them and their position in the life of the Church (e.g., access to sacraments). [The Thomistic background to this distinction between 'personal' and 'functional' in equality and its later elaboration in Papal teaching is explored further in Appendix VIII (10)].

The document goes on to develop its approach by considering how people with disabilities might be included more completely in the life of the Church, in terms of catechesis, liturgy, the sacramental life of the Church and the life of the Church more generally. Whilst the document has some very encouraging and positive recommendations to make in all these areas, we will consider some of these initiatives the Church has taken later in the chapter – there is still in the background a framework of Canon law, which ultimately shapes and limits the life of the disabled person in the Church and has implications for their access to religious and spiritual capital. For example with respect to access to the Eucharist, the document says:

The Church expects that those who receive the Eucharist recognise in faith that what they receive is the body and blood of Jesus Christ ... For people with learning disabilities, this may be more complex. They may express faith in the Eucharist through manner, gesture, or reverential silence rather than verbally. It is vital that priests and catechists consult with parents or those who take the place of parents in discerning the readiness of people with learning disabilities to receive the Eucharist. In most cases it may be helpful to seek advice from diocesan advisors or other experts in making their judgement. Much will depend on the relationship between the priests

or catechists and the person with a learning disability and his or her family. The faith of the family and carers of a person with learning disability plays a significant part in the decision that it is right for that person to receive the Eucharist. (42)

In terms of relationships Valuing Difference has little to say. However the Bishop's Conference for England and Wales, in Love and the Disabled, explains the Church's position in the context of its understanding of changing social attitudes. In this sense it has some positive things to say. For example:

The young person in late teens and twenties often grows away from dependence on parents. Increasingly they must have responsibility for their own life and decisions, and it is only in the context of developing maturity that consideration can be given to their sexual and marital future. The parents who really care for their children will accept that they will gradually have to 'let go' ... (175)

However while recognising the impaired person's needs for friendships and loving relationships beyond the family, it nevertheless asserts that:

For some people a mental or physical handicap will exclude the possibility of such a relationship. But this must not be presumed. On the contrary, the individual's right to marry must be respected unless the person is clearly unable to understand what they are doing or unable to sustain the life-long commitment of marriage. (180)

Intimacy and sexual relationships outside the context of marriage are, of course, prohibited. Furthermore the document quotes in full Canon 195 which states:

The following are incapable of contracting marriage:

1. Those who lack sufficient reason
2. Those who suffer a grave lack of discretionary judgement concerning the essential matrimonial rights and obligations to be mutually given and accepted
3. Those who because of causes of a psychological nature are unable to assume the essential obligations of marriage (181)

Valuing Difference in a short section on marriage reiterates this position:

When people with disabilities approach a priest to ask to be married in Church, it is the priest's task to ensure that, like any other couple, they can fulfil the requirements in their own particular circumstances. They need to understand and be resolved to make a permanent commitment, expressed through mutual emotional, psychological and physical support, as well as in a sexual relationship open to the possibility of children.

Sometimes there may be uncertainty about whether particular persons are able to take on the commitments of marriage. When such situations involve people with disabilities, the priest may need to consider the decision carefully with the disabled persons themselves, with their families or carers if necessary, with experts in the Church's teaching and law, and with medical and other experts. (46)

It is clear that the Church's theology, as expressed in Canon Law, only acknowledges intimate relationships in the context of marriage, relationships which also must be open to the possibility of children and in which both parties recognise the long-term, permanent nature of the commitment. It is not surprising, as our study will suggest, that many people with learning disabilities who are church members never leave or are never encouraged to leave the security and protection of the family home.

3.5 Readiness

Both Love and the Disabled and Valuing Difference incorporate a 'readiness' model of human development. A model which was particularly influenced by the work of Ronald Goldman, through his book Readiness for Religion (1965). This approach suggests that access to the sacraments and participation more widely in the Church's life is only possible when a person is proven to be or deemed 'ready', particularly in terms of understanding and pre-requisite skills. Furthermore this decision is not for the person alone to take, but involves their family and other members of the worshipping community. The

Church has given considerable attention to preparing its disabled members for 'readiness' and has utilised a number of instruments to assess this, some of which we will consider below.

This 'readiness' approach is significantly different from that which underpins Valuing People and subsequent policy developments, particularly as they are expressed in the Mental Capacity Act (2005) and the Mental Capacity Act Code of Practice (2007).

In the Mental Capacity Act Code of Practice the impaired person is assumed to be ready, and capable of participating and undertaking responsibilities unless proven otherwise. The impaired person does not have to prove that they can participate, before participation is offered. It is for others to show that they cannot and in doing so identify and provide the support they need or make necessary contextual adjustments to make participation possible. The relevant statutory principles are stated as follows:

1. A person must be assumed to have capacity unless it is established that they lack capacity.
2. A person must not be treated as unable to make a decision unless all practical steps to help him do so have been taken without success.
3. A person must not be treated as unable to make a decision merely because he makes an unwise decision. (19)

The readiness model is based on a prior assumption of incapacity: The impaired have to be made ready, to show they are 'ready' to the satisfaction of others, who are effectively the gatekeepers of the opportunities the impaired aspire to experience. From this perspective some people will be assumed never

to be 'ready.' We shall consider approaches to the assessment of readiness below.

A further point to note is that although Valuing Difference is committed to the concept of normalisation, it prefers the approach taken by Wolfensberger to that of Nirje. As we have previously discussed Wolfensberger understood normalisation as essentially norm based, a process of conforming to norms, standards established by others.

3.6 Preparing People with Learning Disabilities for Readiness in Religious Contexts

In the recent study of the religious needs of people with learning disabilities Bill Gaventa provides the following classification of areas or aspects of religious life:

1. **WORSHIP** – this means the importance of being part of a community in praise and prayer
2. **TRADITION** - this means the importance of being part of a community with a rootedness in both recent and distant past
3. **FELLOWSHIP** – this means being part of a community in which all kinds of activities take place – ceremonies, rites of passage, meals etc
4. **SERVICE TO OTHERS** – mission, outreach, both giving and receiving
5. **PILGRIMAGE** – the response of individuals to questions and affirmation about the meaning of life itself.

(Gaventa 1984)

This is a particularly useful framework by which to consider how the Catholic tradition has responded in practice to the needs of people with learning disability post Vatican II. We will look in particular at some developments in the area of worship, catechesis and community life.

3.6.1 Worship and Catechesis

There is now an increasing number of initiatives within the Catholic tradition in which people with learning disabilities are being helped to be ready to participate fully in the liturgical and sacramental life of their parish communities. The work of SPRED (Harrington 1992) is an example of this. SPRED, developed initially in the Archdiocese of Chicago seeks to promote the integration of people with learning disabilities into the local church, whilst respecting the needs of each person. SPRED is a lay movement which is parish centred. It involves voluntary catechists working in partnership and through a relationship with parishioners with learning disabilities.

SPRED has developed the role of Community Religious Worker whose role is to integrate people with learning disabilities into the worshipping life of the community, and to prepare the Church community to become a place of hospitality and acceptance. It is the role of the Community Religious Worker to help pastoral staff recognise the needs of persons with learning disabilities in order that a welcome can be fully realised. The Community Religious Worker then works closely with pastoral staff to help people with learning disabilities become participating members of their Church. SPRED has also given particular attention to the catechetical and liturgical needs of people with learning disabilities.

Sister Mary Teresa Harrington (Harrington, 1992) describes how the ideas of SPRED have developed over the years since it commenced. Initially it was necessary to confront the issue as to whether people with learning disabilities were educable in the faith at all. It was clear that on the basis of an intellectual deficit model of learning disability the prospects were exceedingly gloomy in the light of teaching methods then available. The evolution in catechetical methods

which was taking place in catechetics generally - an evolution from reliance upon instruction and memory towards an emphasis upon symbol formation and relationships – opened up new possibilities for people with learning disabilities.

The work of Father Eucharisti Paulhus and Father Henri Bissonnier was particularly significant in this respect (Paulhus: 1957, Bissonnier 1961, 1962). Father Paulhus who worked for the International Catholic Children's Bureaux based in Paris, undertook an extensive programme of research into faith education programmes in Europe and America. His research suggested that there is a variety of routes people travel on their faith journeys. Consequently various forms of catechesis should be developed to correspond with these. The pastor or religious educator, who had the catechism as a frame of reference, but was using an intellectual functioning model as a basis for her techniques, may reach the conclusion that the persons with learning disabilities were not educable in faith. This Paulhus suggested was one of the greatest obstacles to integrating people with learning disabilities in faith communities. If however, catechesis was based on symbol and intuition, it was perfectly possible that faith development could be promoted in those who formally had been considered to be beyond its reach. Building upon the initial insights of Paulhus, Bissonnier who was a researcher at the University of Louvain and the Institut Catholique in Paris, published a number of studies in which he developed a person-centred catechesis for people with learning disabilities using music, movement, pictures and modelling techniques in addition to techniques based upon verbal and written language. These approaches opened up a wide range of possibilities for catechists to work with learning disabled children and adults, those in effect who had hitherto been largely excluded from catechetical initiatives.

3.6.2 Friendship and Community

Paulhus also suggested that there were additional models of faith development within or comparable with the Church's tradition, which were relevant to the needs of people with learning disabilities. For instance he suggested:

1. The nearest experience of faith is friendship. Friendship accepts the other person as someone to be valued. It does not set-up criteria as a pre-requisite. Friendship focuses upon the uniqueness and dignity of the individual. It allows one space, freedom and encouragement to discover unique gifts. The experience of friendship confirms the sacredness of life and restores a sense of wholeness and interconnectedness with others. Through friendship a person's faith may grow through the experience of a community faith.
2. The context for friendship is not so much a classroom or special place where faith is taught but a setting where special objects might be preserved, liturgies and rituals performed and where a sense of the sacred can be awakened. Where we can be happy together.
3. When we are happy to be together Jesus is with us. This is the evangelical route for the growth of faith
4. When we are with Jesus we begin to relate to the Father
5. When we are growing together in community the Holy Spirit helps us love one another.

There has recently been a revival of interest in the importance of friendship in this context. John Swinton has written extensively on this subject, emphasising the value of friendship in supporting people with learning disabilities. (Swinton 2001) Arising out of these insights it was recognised that faith education and faith development were possible for people with learning disabilities, particularly so when friendship and relationship were given an increased emphasis. Accordingly, there were innovations in liturgical practice, sacramental initiation, parish and community integration which SPRED has incorporated into its approach. The notion that everyone needs a community to belong to if faith is to

be developed and nourished is central to this approach and is particularly emphasised by Bissonnier (1961: 159-171) who also emphasises how this approach was essentially compatible with the communitarian nature of the Catholic tradition.

3.6.3 L'Arche

A further and related example of the Church's outreach to people with learning disabilities, within which friendship is a key concept (Webb-Mitchell 1989), is the work of the L'Arche Communities. In 1964 around this time that Paulhus and Bissonnier were developing new catechetical approaches, Jean Vanier, a philosopher, invited two men who had a learning disability to move from the large institution where they were living into his home in Trosly – Brenil, France. Vanier named his home L'Arche – 'The Ark'. Vanier said that his invitation for the two men to live with him was an irreversible act.

(It was) an irreversible act to take two men from an institution and then, five years later say, 'I'm sorry', to both of them. Their parents had died, they had no immediate family and Philippe had had encephalitis when he was young and Raphael had had meningitis, and they were both men who would have had enormous difficulty or impossibility to be re-inserted (into the community), but they need to re-find a family life and environment. So that's how L'Arche began.

(Vanier, BBC Radio 4, 1988)

From these small beginnings in France began a religious community movement for people with a learning disability that now has an international network. Vanier has written extensively about his work (e.g., Vanier 1982) there are also numerous publications by non-disabled assistants and others about the L'Arche experience (e.g., Dunne 1986). Any religious community is of necessity a complex entity. L'Arche is no exception. Apart from the daily rhythm of life –

cooking meals, making tea, working in the workshop, celebrating and visiting other communities - there are also experiential aspects and an inner dynamic centred upon the friendships, the care, structure of rituals and the unique signs and languages that a community develops.

We can perhaps best capture something of the life and impact of L'Arche communities by considering what members themselves have said about the impact of living in the community has had upon their lives. We can begin by Vanier himself:

I find that the experience I've gained over the last 15 years has totally renewed me. I mean the experience of sharing an encounter, with men and women, boys and girls who've been deeply wounded. Living at L'Arche, I've really discovered what constitutes the human being's basic suffering: it's the fact of being unloved, of feeling quite alone in the world. (Vanier 1982)

This short passage is taken from a paper in which Vanier expresses in very moving terms the significance of those who have learning difficulties has had for his life. The vulnerability he suggests which so manifests in the lives of people with learning difficulties is a vulnerability we all share if we probe beneath the superficiality of much of our own existence into our own struggles and weaknesses.

Again Dawn Follett writing about life in a L'Arche community in the Ivory Coast, central Africa, testifies to the importance of relationship and fraternity at the heart of community life.

A L'Arche community is based on relationship. In our life and our work together we try to be attentive to individual needs. This means spending time with each person informally. But we also have meetings where we try to listen to each person's desires and difficulties. Together we try to discover how to answer these needs. (Follett, 1982)

Andre Roberti a Jesuit priest who founded a community in Belgium in 1970, which became part of the L'Arche fraternity in 1974, writes of the essential contribution that the disabled themselves make to community life:

By its origin, then, Le Toit set out to be a place of meeting, friendship and welcome. But what we did not foresee is that it is our physically handicapped friends who are foremost in extending that welcome to all who come. More practised in living, divested of self and therefore more open to others, it is they who most clearly spell out their welcome. Our home would not survive without them ... those who come to help them and look after them quickly realise that they are in fact receiving from them ... (Roberti 1982)

Conversion and personal growth, relationship, communion and celebration these it is suggested are the basic constituents of life in L'Arche. The work of Vanier has shown that disability is no barrier to a full and active participation in a life in which everything is shared in common. On the contrary the disabled have a unique and essential contribution to make. In addition to the considerable number of anecdotal accounts of life in L'Arche, there is a small academic literature. One of the most important of these studies is that by Katherine McDonald and Christopher Keys, who draw attention to the tension that exists between the empowerment of individual members in L'Arche communities to make choices for themselves and the necessity of compromising with the wishes of the community as a whole (McDonald & Keys 2005). We shall refer to this study again.

3.7 Assessing Readiness

In furtherance of its catechetical endeavours the Church's outreach to people with disabilities also has theoretical orientation. The Church has embraced the work of a number of researchers who seek to develop an understanding of faith development, which embraces both non-disabled persons and persons with learning disabilities. We have mentioned the work of Ronald Goldman previously.

A further example is the research of John Westerhoff (1976). Westerhoff has suggested that a radical re-definition of faith is needed if progress is to be made. Westerhoff suggests that faith should not be equated with knowledge, or cognitive ability, or belief. It is not so much a noun as a verb. Faith includes both knowledge and feelings. It is both perception and action. It is a process of both defining and responding to the meaning of life.

Westerhoff has defined four 'styles' of faith which he derived from an analysis of autobiographical stories and interviews.

These are:

1. Experienced Faith (Ages birth – 8)

This is a time during which faith is primarily experienced from others in a community. What is most important here is that young children experience trust, affirmation, the feeling that they are valued and love.

2. Affiliative Faith (Ages 8 – 16)

This style is characterised by:

- a. A need to belong in the community
- b. The dominance of religious affections in religious expression
- c. A sense of authority and identity that is based in the community

3. Searching Faith – (Ages 16 and older)

This style is characterised by growing use of critical judgement about faith, belief and religious life, by experimentation with a variety of religious communities and by a strong focus, often ideological, on social involvement and change.

4. Owned Faith

This is characterised by a willingness not just to question but also to say 'This is what I believe' or 'This is who I am' as a faithful person.

Westerhoff's theory has important implications for the faith development of people with learning disabilities. For instance people with the most severe forms of learning disability can be understood to express the style of 'experienced faith.'

This would imply that their faith should be supported through celebration, affirmation and loving, using rich sensory experience. For persons classified as moderately disabled the focus may need to be on the style of 'affiliative faith.' What such people need is a community to which they feel they belong. For individuals with more developed cognitive skills, there are parallels with the style of 'searching faith.'

Westerhoff also suggests that faith should be perceived wholistically at each style of expression. Whatever style a person employs it should be seen as the complete expression of faith for that person. A person may be impaired but that does not mean that their faith is in some way incomplete.

This model has a number of positive consequences

1. It can liberate pastoral and educational effort so as to consider a variety of approaches based upon individual needs.
2. It can foster an attitude of integrity and respect for the religious needs of persons with a learning disability for it enables non-disabled persons to recognise similarities between their own religious growth and that of the impaired.
3. It incorporates everyone. It helps parishes to recognise value and deal with the task of including a diversity of faith expression and styles within its life and worship.

An alternative but in some respects complementary approach is that of James Fowler (1981). Fowler understands faith as a universal human capacity to relate to a transcendent dimension of life. In this sense it is to be distinguished from **belief** which has its basis in a conceptual or propositional rendering of an experience or relationship to the transcendent. Faith is a process of knowing and valuing, a dynamic activity which creates and sustains an organising frame of meaning for life. In Fowler's words faith provides a 'dependable life space' in

which persons find meaning and order for human existence. It does this through imagining an 'ultimate environment', an outer boundary to all that goes on in life.

Faith, in its binding us to centres of value and power and in its capacity for the joining of us to communities of shared trusts and loyalties, gives form and content to our imaging of an ultimate environment ... Faith, as imagination, grasps the ultimate conditions of our existence, unifying them into a comprehensive image in the light of which we shape our responses, our initiatives, our actions. (Fowler 1981: 24-25)

Influenced by the work of Jean Piaget, Erik Erikson and Lawrence Kohlberg in cognitive, psychosocial and moral development, Fowler proposes a stage theory of faith development. 'The images faith comprises' he suggests 'are not static'. 'By virtue of our research and observation I believe we can identify reasonably predictable developmental turning points in the ways faith imaginers and the ways faith imagines interplay with communal modes of expression'. (Fowler 1981: 30)

Based upon data gathered from interviews the stage sequence of faith development provides insights into the things people experience in faith imaging as they mature.

A number of writers have suggested that Fowler's work might form a useful theoretical basis for the development of pastoral ministries with people who have a learning disability (Schurter 1989), although virtually no empirical work has been undertaken. However both the work of Westerhoff and Fowler have had a significant impact on the development of catechetical work within the Catholic tradition (Rossiter 1998), including the identification of 'readiness' in children and adults with learning disabilities.

In the course of his research James Fowler has developed a faith development interview and assessment schedule to use in the context of his research (Moseley, Jarvis & Fowler 1986; De Nichola 1993). Although we shall

not be assessing the level of faith development of the participants in this study we have nevertheless adapted this instrument to use as an interview schedule, which we have used with three of the participants, who were able to respond to some of the questions addressed. A copy of the modified Faith Development Framework is contained in an appendix (Appendix V).

It is apparent from the above discussion that the Church in recent years has given considerable attention to integrating people with learning disabilities in to its life and worship. We will consider how productive these efforts have been in terms of the access to religious and spiritual capital of a group of members of a particular parish community.

CHAPTER 4

SOCIAL CAPITAL: THE ORIGIN AND DEVELOPMENT OF THE CONCEPT AND ITS MEASUREMENT

4.1 Introduction

We have suggested in Chapter 2 that the concept of social capital, which refers to the added value generated by social networks in which people are bound together through norms and psychological capacities such as trust, has assumed an important role in social research and social policy debates. The academic and policy literature is considerable and because the concept is concerned with the nature and functions of forms of human association and their social and economic consequences, it is not surprising that references to it occur in the wide range of literatures.

Yet social capital presents considerable challenges as a concept (Foley & Edwards 1999; De Filippis 2001; Molyneaux 2001; Bankston & Zhou 2002; Colclough & Sitaraman 2005). Furthermore its use is often imprecise and to date there is no consensus as to how it should be defined. Political scientists and economists tend to emphasise its normative properties. Social scientists use an understanding which emphasises its social structural properties. In some studies social capital is used as an independent variable, in others as a context dependent variable (Foley & Edwards 1999).

In this chapter no attempt will be made to consider the literature in its entirety. However we will consider two contemporary theories of social capital, that of James Coleman and Pierre Bourdieu and in the following chapter the work of Robert Putnam, which illustrate the diversity of interpretation the concept has received. We will give particular attention to the implications these theories might have for the social integration of people with learning disabilities. We will also consider the literature as it bears upon the role of religious organisations as a source of social capital. In the first instance however we will consider some aspects of the history of the concept in order to set contemporary theories in some context.

4.2 Social Capital: Some Historical Antecedents in Anglo-American Literature

Social capital is often associated with the work of Robert Putnam. Christine Hepworth and Sean Stitt for instance have recently suggested that Putnam is 'the founding figure of the concept of social capital'. Hepworth & Stitt 2007: 897). John Atherton, in considering the importance of the concept of social capital, refers to Putnam as 'the most acclaimed and accomplished social scientist currently in this field'. (Atherton 2008: 91)

However the concept of social capital, if not necessarily by that name, has a long history (Farr 2004), which Putnam himself acknowledges. (Putnam 2000: 19) Furthermore Putnam has drawn significantly upon the ideas of other social scientists (e.g., James Coleman) whose published work preceded his own and adapted their work for his own purposes in ways that have attracted considerable criticism. (Jackman & Miller 1996a, 1996b and 1998)

Social capital theory has its roots in the social contract tradition of social justice in which people deemed to be 'free, equal and independent' (Locke 1679-80) surrender some of their independence for purposes of mutual advantage. The most important contemporary exposition of this tradition is to be found in the work of John Rawls. At the very beginning of his major work A Theory of Justice Rawls writes:

My aim is to present a conception of justice which generalises and carries to a high level of abstraction the familiar theory of the social contract as found, say, in Locke, Rousseau and Kant' 'The guiding idea is that the principles of justice ... are the principles that free and rational persons concerned to further their own interests would accept in an initial position of equality. (Rawls 1971: 11)

James Coleman, in his theory of social capital, specifically acknowledges his debt to Rawls. (1990: 41, 331-341)

It should be noted at this stage, that it was the social contract theory of social justice, as initially enunciated by Locke, that ultimately resulted in people with learning disabilities being denied the right to participate in social and political processes, since they were deemed to be neither free nor rational and as such incapable of acting in their own interests. Martha Nussbaum in a recent critique of Rawl's social contract theory writes:

Rawl's contracting parties are imagined throughout as rational adults, roughly similar in need, and capable of a 'normal' level of social cooperativeness and productivity. In Political Liberalism as in A Theory of Justice, Rawl's stipulates that the parties in the Original Position knew that their 'various native endowments such as strength and intelligence' lie 'all within the normal range' (25) ... In so conceiving of persons, Rawl's omits from the situation of basic political choice the more extreme forms of need and dependency that human beings may experience, both physical and mental and both permanent and temporary. This is no oversight: it is a deliberate design. (Nussbaum 2006: 108-109)

Contemporary social policies as we have described them are intended to restore the right to social inclusion and participation so long denied. However, there will remain an inherent tension within the concept of social capital, arising from its origins in the social contract tradition, between its capacity both to include and exclude, a phenomenon we will encounter frequently as we explore contemporary theoretical developments and their empirical consequences.

The most detailed historical study of the origins of social capital has been published by James Farr (Farr 2004). He notes that the term first began to be used in the work of 19th century political economists. In fact, the concept, Farr suggests, was first used by Karl Marx in 1867. In Capital Marx suggests that social capital arises out of the 'quantitative grouping' of individual capitals that form a fund for further production. He writes:

The growth of social capital is effected by the growth of many individual capitals. Other things being equal, individual capitals and therewith the concentration of the means of production, increase in proportion to the extent to which they form aliquot parts of the total social capital. (Marx 1928: 690, 692)

Marx also refers to capital as a 'social relation', in that 'as long therefore as the worker can accumulate on his own account (and he can do this, as long as he has the means of production with which to work), capitalist accumulation and the capitalist method of production are impossible' (Marx 1928: 850). It is interesting to note that embedded within these writings of Marx, we find the dual aspect of social capital that we will encounter in the work of other writers. In that capitalism, Marx suggests, can only arise out of the association, in one form or another of individual producers, so we have what is referred to as endogenous social capital, the benefits which may accrue to individuals when they come together as a group, and the group is involved in the process of production. Marx further suggests that

frequently such benefits are not equally distributed, such that capitalism as a social method of production, is inevitably associated with power imbalances and hence exploitation. Exogenous social capital refers to the additional productive capacity, the external economic, social and other consequences arising out of the initial 'aggregation or quantitative grouping of individual capitals'.

As we proceed we will see that the work of Coleman is particularly focused on the formation and consequence of endogenous social capital, whereas Putnam is primarily interested in the exogenous consequences of social capital understood as a personal possession, and Bourdieu with the power imbalances, that along with Marx, he believes are inevitably involved in social capital accumulation.

It is clear, Farr suggests, that the relationship between forms of human association and economic life, is quite complex and that 'classical political economists', certainly Adam Smith and David Ricardo, had long since inquired into the human associations that facilitated economic life, beneath or beyond the market division of labour' (2004: 23) and those that did not. In this context, Stephen Long for instance, has written that:

... the free market economy rose as an alternative to the social charity, embedded in the Catholic Church, which was viewed as a threat to the liberty of the market. (Long 2000: 74)

And making specific reference to the work of Adam Smith that:

The free market first sought freedom not from the state but from the Catholic Church ... when Adam Smith published The Wealth of Nations he cited that the Church of Rome posed the greatest threat to the civil order, liberty and happiness of human kind that the free market could guarantee. To secure a free market, the Church's charity must first be centralised so that it would not 'disturb the state'. The market apologists first freed it from the Church. (74).

Similarly social contract theorists have an ambiguous attitude towards the role of benevolence in human affairs (Nussbaum 2008: 34-35). This is a particularly important point which correlates with issues we have discussed in Chapter I in relationship to the Protestant tradition of social welfare. (We also consider these issues in greater depth in our background material in Appendix VIII).

So although Smith and Ricardo were particularly preoccupied with different forms of human association and how they might facilitate economic performance, that is, how they might be a source of social capital, the Church, in view of its charitable, gift-giving, endeavours, was of little interest to them except as a negative influence. This was specifically so with respect to the Catholic Church. In effect the charitable work of the Church, almsgiving in particular, was seen to undermine the workings of the market in human affairs (see also p.11). The concept of social capital therefore arose initially from a background hostile to revealed religion and its organisational expression in works of charity.

Later generations of political economists were however, faced with an increasingly complex array of associations other than the church. As Farr (2004) writes:

In the works of Marx, Sidgwick, Marshall & Clark alone, one finds a teeming life of corporations, combinations, trusts, cartels, joint stock companies, guilds, trade-unions, brotherhoods of labour, friendly societies, mutual aid societies, communes and co-operatives of endless variation. These associations served competing or complementary economic purposes: to maximise profits, monopolise markets, increase efficiency, render mutual aid, raise wages, shorten the working day, share wealth, instigate or influence class antagonisms. Herein lies the contribution of political economists to a conceptual history of social capital, beyond the use of the term itself. (23-24)

Farr further notes that:

The associations that most attracted the attention of the political economists were the growing co-operative movement of stores, farming and of labour. They did more to serve or modulate the economic purposes of capital viewed socially. They drew upon and helped reproduce a wealth of qualities and virtues for their members and the 'social organism at large. (24)

Furthermore, Farr writes:

For Marshall, 'the co-operative movement and other kinds of voluntary association,' promised to harness or unleash 'various motives beside that of pecuniary gain,' thereby widening the scope of collective actions for the public good'. This 'moral advantage' far exceeded their 'material one' ... So it was that sympathy, solidarity, trust and related capacities or initiatives were conceptually bound to the present and future work of co-operative associations. (2004: 24)

It is interesting to note that of all the associations listed here, the family as such is not included. Both the philosopher Henry Sidgwick and the economist Alfred Marshall referred to social capital as 'capital from the social point of view' in contrast to capital from the point of view of individual holdings.

Social capital from this perspective was an 'aggregate of tools, inventions, improvements in land and other material elements, including roads, bridges and the organisation of the state'. (2004: 22) But it is also included 'good will', because this was a 'cultural ingredient of the habits of purchasing'.

In summarising his research, Farr suggests that the concept of social capital has its origins in economic ideas and debates which were undertaken in the context of the social consequences of the industrial revolution, urbanisation, the factory system, the disintegration of family life and ideas related to the market, particularly those of Adam Smith. 'The political economists of the 19th century – from Karl Marx to Marshall to Bellamy – took capital from the social point of view'. (2004: 25), that is on the one hand they explored how social processes could be

used to enhance the outcomes of the market system, productivity and profitability and on the other they explored how social processes, understood as forms of solidarity and co-operation, could be used to limit the negative consequences of that same system and promote the development of human capital and the well-being of the 'social organisation' more generally. This approach Farr suggests, is significantly, different from the way social capital is used in contemporary debate. Here Farr indicates, making specific reference to the work of Putnam, 'the social' is understood from capital's part of new, that is 'the social,' 'the political,' indeed every aspect of society including religious organisations, is understood exclusively through the capitalist lense (2004: 25), that is as economic phenomena. The change of meaning in the term social capital, that Farr has described can be understood as a movement from the socialisation of capital to the capitalisation of the social.

4.3 Social Capital – Historical Antecedents in European Thought

Before we consider the use of 'social capital' in contemporary studies, it should be noted that Farr's study concentrates almost exclusively upon the Anglo-American literature. There is however a considerable tradition of European thought which is historically relevant. Here we might mention specifically the work of Adam Müller (1779 – 1829) and Alexis de Tocqueville (1805 – 1859).

Adam Müller was born in Berlin studied law, philosophy and natural science before studying political science and pursuing a career in political and diplomatic circles. He became a Roman Catholic in 1805. Paul Misner has reviewed some of his work in his book Social Catholicism in Europe (Misner 1991: 36-39), and Karl Mannheim devotes considerable attention to his work in his extended essay

‘Conservative Thought’ (Mannheim 1953: 74-164). Müller was a friend of Friedrich von Goertz who translated the work of Edmund Burke into German (Mannheim 1953: 140). Müller had read Burke’s Reflections on the French Revolution by the time he was 20. (Misner 1991: 36)

Misner writes:

Opposition to absolute rule, whether by a king claiming legitimacy or a totalitarian democracy on a French revolutionary model, was a central element of Müller conservatism ... Confronting Adam Smith’s consistently individualistic and free-trade approach, Adam Müller marked out a romantic dialectic of freedom and constraint, rights and duties ... The model was that of the basic human economic and political unit, the (farm) family. One person cannot create a successful economic enterprise. If only for the sake of survival one needs at least man, wife and children. In the interdependencies of man, and women, parents and children, is seen the basic pattern of human society. Müller placed this relational structure ahead of the comparatively derivative one of the market, where goods are exchanged. As such it should be reflected at every level of the political economy ... The necessary difference-in-relation of a person’s social functions and the concomitant structure of inter-dependence furnished the basic pattern of a political economy worthy of human beings. (1991: 36-37)

Müller introduced the concept of ‘human capital’, to describe the accumulation of experience that arose out of the social interdependencies of persons, particularly in family units, experience that is then passed on, across generations. The accumulation of human capital, he wrote, was just as important to the economic well-being of society as the accumulation of material capital. Stable relationships he suggested were essential to human welfare. Müller also introduced the concept of ‘mediation’. The term, as he used it, had theological roots, the particular Christian idea of the ‘mediator’ and the specifically Catholic notion of the mediating role of the Church. (Mannheim: 213)

However in Müller’s usage it is an answer to a problem, which he believed arose as a consequence of enlightenment rationalism. Rationalism, he suggested,

resulted in forms of analysis which took things to pieces, and also led to individualism and the expansion of the market system. The concept of mediation, as Müller uses it, suggests the necessity of establishing new social wholes, dynamic syntheses from particulars. (Mannheim: 214)

The roots of Muller's thinking are quite different from Coleman's. The individualistic pursuit of self interest which is embedded in contemporary social capital theory is absent from Muller's work. However, their interests overlap. First, there is the importance Coleman attaches to the family, which he calls the primordial social unit, as a source of social capital. What Müller refers to as human capital, contemporary research refers to as 'bonding capital'. Again Müller's concern for synthesis, re-establishing links and associations, the methodology of mediation, is reflected in contemporary terminology by the terms 'bridging' and linking capital.

We have in Müller's work then, a similar pre-occupation with forms of association which mediate between the individual and the market and the individual and the state, as we find among those 20th century political economists, whose work Farr discusses in his paper. However from Muller's perspective these are pre-contractual or natural forms of association. The concept of subsidiarity, which is an important aspect of Catholic social teaching has its roots in reflections by Müller and the social thinkers of that time.

A second European thinker of some significance in this context is Alexis De Tocqueville (1805 – 1859), a French political and social thinker, who is best known for his book Democracy in America (1835, 1840) which he wrote after visiting the United States. In this book and in other works he reflected upon the consequences of the rising equality he observed among the citizens in America,

upon the relationship between the individual and the state. Tocqueville understood democratic processes as a form of mediation between the individual on the one hand and the community on the other. As with Müller, Tocqueville was a severe critic of individualism. However the emphasis of his work was somewhat different to Müller's, in that he was concerned with the relationship between the nature of civil society and democracy.

Tocqueville 'saw voluntary associations of individuals as the critical means by which the outcome of a strong American democracy is ensured'. (Woldring 1998). Tocqueville is then the founder of the civic tradition of social capital which has so influenced the work of Putnam. In his emphasis on the necessity of a vibrant civil society, people coming together with one purpose in mind, he sought to eclipse the pursuit of purely individual selfish objectives. Such a civil society, is the system of private co-operative initiatives, which forms the bridge between the individual and the state.

4.4 Contemporary Theories of Social Capital – Preliminary Remarks

One of the first explicit uses of the term 'social capital' in more recent literature is in a paper by L J Hanifan published in 1916. Hanifan writes:

In the use of the phrase social capital I make no reference to the usual acceptation of the term capital, except in a figurative sense. I do not refer to real estate, or to personal property or to cold cash, but rather to that in life which tends to make those tangible substances count for most in the daily lives of a people, normally good will, fellowship, mutual sympathy and social intercourse among a group of individuals and families who make up a social unit, the rural community, whose logical centre is the school. In community buildings as in business organisation and expansion there must be an accumulation of capital before constructive work can be done. ... The individual is helpless socially, if left entirely to himself. Even the association of the members of one's own family fails to satisfy that desire which normal sound individual has of being with his fellows, of being part of a larger group than the family. If he may come into contact with his neighbour, and they with other neighbours, there will be an accumulation of

social capital, which may immediately satisfy his social needs and which may bear a social potentiality sufficient to the substantial improvement of living conditions in the whole community. (Hanifan 1916: 130)

However, contemporaneously with Hanifan, the philosopher John Dewey provided a philosophical basis for civic education and social capital ideas. Farr suggests that Dewey used the term on four occasions in different publications, three of these preceded Hanifan's work. For instance Dewey suggested that:

Society means association; coming together in joint intercourse and action for the better realisation of any form of experience which is augmented and confirmed by being shared. (Farr: 14)

Dewey, although critical of capitalism, particularly its negative consequences, nevertheless uses its vocabulary, bringing the 'social' and 'capital' together. Although Putnam makes no reference to Dewey in his work, he writes that 'Hanifan's account of social capital anticipated virtually all the critical elements in later interpretation'. (Putnam 2000: 19)

However before we turn to consider Putnam's work we will initially consider that of James Coleman which preceded it, and whose ideas Putnam used extensively.

4.5 James S Coleman: Endogenous Social Capital

One of the more detailed and influential analyses of the idea of social capital is that of the sociologist James Coleman (Coleman 1988, 1990). In his work as a practical sociologist, Coleman has been concerned to develop appropriate courses of action with which to combat educational inequality, created he suggests by social and class inequalities (Coleman & Hoffer 1987). Although

his work specifically relates to this situation, his ideas have wider and more general application.

4.5.1 Main Characteristics of Social Capital according to Coleman

Coleman has made use of universal rational choice theory (particularly the work of John Rawls) which he then applies to some central questions of social relations. His work emphasises the primacy of rational purposive action and he is particularly attracted to a voluntaristic model of the individual in collective structures, in which an economic rationality and a theory of social organisation are combined (Coleman 1990, 1993). In this context it is worth noting that one of his first publications on social capital (Coleman 1987), a paper entitled 'Norms as Social Capital', appeared in a book entitled Economic Imperialism: The Economic Approach Applied outside the Field of Economics (Radintzky & Bernholz, 1986), and his most developed definition of social capital (Coleman 1988), appears in a special issue of the American Journal of Sociology dedicated to sociological and economic approaches to the analysis of social structure. Coleman develops terminology first used by Hirschman (1970) to draw normative conclusions from a rational choice explanatory model (Favell 1993). For instance, he suggests that when people invest their resources, their physical or other human capital, in an organisation as investors, they invest their resources in the structures as a whole, with a view to increasing benefits for themselves. In recompense for surrendering some control over their resources, they are given rights to participate in the decision making of the organisation, voting rights for example. Coleman refers to these as constructed organisations, in contrast to primordial organisations much as the family (Coleman 1993). The social capital of an organisation consists of

those aspects of the social structure, which facilitate certain outcomes for its members, namely repayment or return on their investments. Coleman defines social capital in these terms:

Social capital is defined by its function. It is not a simple entity but a variety of different entities with two elements in common: they all consist of some aspect of social structure, and they facilitate certain actions by actors ... within the structure. Like other forms of capital social capital is productive, making possible the achievement of certain ends that in its absence would not be possible. Like physical and human capital, social capital is not completely fungible but may be specific to certain activities. A given form of social capital that is valuable in facilitating certain actions may be useless or even harmful for others. Unlike other forms of capital, social capital inheres in the structure of relations between actors and among actors (Coleman 1988: 598)

As we have indicated above Coleman distinguishes between three forms of capital. In addition to social capital, Coleman uses the term physical capital to refer to investment in physical plant and equipment. The person who invests in physical capital receives the benefits produced by the capital through property rights in the capital. Physical capital in this sense is a private good. Human capital (Schultz 1961) refers to investment in skills and knowledge of individuals. Coleman suggests that persons, who invest time and resources in building up human capital, secure benefits in terms of better paid employment and higher social status, among other advantages. Social capital is even less tangible than either of the above since it arises out of or inheres in social relations, in both formal and informal organisations. It focuses attention on the value social organisations offer their members in achieving goals. Such value arises through the production of public goods, that is outcomes that are not in the interests or the capacity of any one individual to produce alone but which if provided are of benefit to many. Examples are social norms and sanctions which enforce them; ongoing

social relations which result in support being provided and the formation of trust and trustworthiness. As Coleman uses the term, 'trust' is simply the incorporation of risk into the decision whether or not to engage in ... action' (Coleman 1990: 61) Social capital is therefore a resource which aids the production of human capital and particularly occurs in social networks in which there is a high degree of closure, as illustrated in the figure below.

This, illustrates the relation, as Coleman sees it, between social capital and human capital, in an organisation with a high degree of closure:

The forms of social capital or the structure of social relations between people, Coleman suggests, take on a number of characteristics. First, there are 'obligations and expectations'. When people do things for each other they expect and trust that their actions will be repaid; so that in due course they will benefit from the 'cost of their helpful action'. Those who accumulate institutional obligations in any social structure at any time have resources and social capital upon which they can draw. A second characteristic is their 'information potential'. Social relations supply social capital in the form of information from others which enable individuals to act knowledgeably and rationally. A third feature of social

capital is the norms and effective sanctions embedded within the social network. Here social relations act as forms of social control within the network, discouraging inappropriate or unacceptable behaviour.

4.5.2 Secondary Features of Social Capital

These three main characteristics of social capital give rise to secondary features, which primarily relate to collective values. Coleman specifies 'authority relations', through which those in authority accumulate more social capital which is then available for them to use to resolve common problems. 'Appropriable social organisation' and 'intentional organisation', are forms of 'direct investment in social capital', whereby people can use social capital generated in one context for use in other contexts and for other purposes and people who organise together for one objective can generate the social capital that is available for the benefit of others, who are not part of the relational structure. (Coleman 1990: 306-313)

Trust, as Coleman understands it, is not the 'generalised social trust' associated with the work of Putman. Similarly social capital, from Coleman's perspective, is constituted as a 'social-structured resource' and only available to those who invest, through specific relationships and social structures. That is why it is referred to as 'endogenous social capital' by some researchers (Foley & Edwards 1999; Jackman & Miller 1998), to distinguish it from the work of Putnam and others where social capital is used exogenously to account for characteristics of civic and institutional performance (Putnam 1993: 184-185). Flap & Völker (2004) have summarised the endogenous social capital hypothesis in these terms:

The social capital hypothesis holds that those with better social capital are better able to realise their goals. Its twin statement is the investment hypothesis: people will invest in ties to the degree that they are instrumental in achieving people's goals. (xv)

4.5.3 Social Capital and the Family

Although Coleman suggests that social capital is available through a range of organisational arrangements, he has devoted particular attention in his research to social capital that is available through the family. The family, he describes as a 'primordial organisation... that has its origins in relationships established by childbirth' (Coleman 1991: 1)

Social capital inheres within the structure of intergenerational relationships, especially so between parents and their children. Applying the investment model to family life, Coleman suggests that parents invest in the human capital of their children as they will form the subsequent generation of the family, who will then support them in turn physically, materially and socially. Investment in their children's human capital also enables them to gain greater economic advantages.

It should also be noted that the process of generating social capital within families, develops beyond the family, as a resource outside the family, particularly in those circumstances where parents and their children are embedded in close and local relationships. By means of intra-familial and extra-familial relationships, a dense social structure involving trust and obligation is generated, which Coleman calls 'intergenerational closure'. Coleman gives an example of a Jewish friend of his, who having moved from the United States to Jerusalem, noted that in his new neighbourhood context the presence of norms ensured that 'unattended children will be looked after by adults in the vicinity' and that this constituted 'social capital' for him. In effect parents and their children who meet each other regularly in the neighbourhood develop obligations and expectations towards each other, internalise norms and develop externally imposed norms that together comprise a consensus on patterns of appropriate conduct and sanctions that may apply for

infringement, in the neighbourhood. These may apply not just to neighbourhood safety but to other issues as well.

An example of this is given by Ruth Lupton in her book Poverty Street: The dynamics of neighbourhood decline and renewal. She reports that in all of the neighbourhoods she studied 'dense networks, based on kinship, residence or community organisation' were present (Lupton 2003: 116). She writes:

In Saint's Walk (Knowsley), exactly the process of norm enforcement that Coleman describes was articulated by residents. A residents action group had recently been established and was organising network building community events such as an annual festival. Residents explained that getting to know about other people on the estate and feeling confident that they wanted to keep the estate in good condition, gave them the confidence individually to challenge breaches of the acceptable behaviour code, such as dropping litter or causing a social nuisance. (116)

Coleman suggests, that the process of social capital generation through supportive and continuing social relationships, is enhanced when families are involved in multiple social networks or fulfil multiple social roles such as parent, fellow worker, church member, etc. He provides empirical evidence that the family's embeddness in a local Catholic community for instance, provides particularly strong closure. In a study of the impact of public and private high schools in America, on children attending these schools, he reported that 'private schools, particularly Catholic schools, produced somewhat higher achievement on verbal and mathematical skills than did public schools. However 'the most dramatic difference is seen in dropout rates, ... the number of dropouts in the Catholic school is less than a fourth of that in the public schools and less than a third of that in other private schools. (Coleman 1987-1988: 375-376) He concludes that the 'The religious community and religious - based school therefore appears to have some effect in keeping students in high school until graduation.

One may think of this community as a form of social capital supporting both the schools and the youth within those schools' (Coleman 1987-1988: 375-376). Furthermore he writes that 'The social capital in a religious community surrounding the school appears especially effective for those children lacking strong social capital within the family ...' The justification for calling it social capital rather than merely social relations or social network or community, lies in precisely these effects; that is, social capital is a resource which produces added value, aids students in remaining in high school and aids schools in achieving their goal of educating and graduating these students.

As we have suggested above, a distinction has been drawn in the literature between endogenous or 'within groups' social capital and 'between groups' social capital (Foley & Edwards 1999). Lang & Hornburg (1998) write of 'social glue and 'social bridges' and Warren et al (2001) distinguished between 'bonding social capital' and 'bridging social capital'. Coleman's work focuses primarily on 'within group' or 'bonding social capital' which is endogenous because it arises from within the network. However, he does emphasise that the value of social capital, whether at the individual, family or community level, is related to the larger context, that is the networks of relations available at higher levels, although this is not the primary focus of this work.

4.5.4 Threats to the Formation of Social Capital

Coleman suggests that a number of contemporary developments in family life have negative implications for the family as a source of social capital. For instance the increasing prevalence of single parent families is a major source of social capital deficiency. In addition, mothers working outside the home and

decrease in extended family households, grandparents and other relatives no longer living in the vicinity of the nuclear the family, are also significant factors. The way families function, particularly the influence of market led consumption on family life, also, he suggests diminishes the role of the family as a 'nucleus of social organisation' Day care provision outside the family and increasingly large junior and secondary school provision, leads to more dysfunctional social relationships, similarly high-rise public housing. Such variables are particularly problematic for families whose internal organisation is already fragile (Coleman 1987-88: 89; Coleman 1991: 5-6).

In a similar vein Coleman has negative views about the role of the state in welfare provision, which he suggests undermines the commitment of parents to invest in their children and develop trust based obligations to help one another as members of the wider community. He writes:

When the welfare functions carried out by the family for the aged, the physically infirm, the young and others incapable of economic self sufficiency are taken over by the state, what is introduced (are) caregivers with little incentive to provide human and responsible care, and a reduced self-sufficiency. (Coleman 1991: 6)

The mobility of many contemporary families also diminishes social capital:

For families that have moved often, the social relations that constitute social capital are broken at each move. Whatever the degree of intergenerational closure available to others in the community, it is not available to parents in mobile families. (Coleman 1988: 5-113)

Coleman is firmly of the opinion that strong families and strong communities are valuable sources of social capital, but are now less prevalent than in the past. The social policy task, he suggests is to put in place some alternative forms of social capital generation. (1990: 608)

4.5.5 Coleman's Theory of Social Capital and People with Learning Disabilities

As we have noted above, the social contract theory, which has had a significant influence on the work of Coleman, is particularly unhelpful to people with learning disabilities, as it totally disregards their public existence. Coleman's theory of social capital would also appear to have negative implications.

As we have indicated above Coleman works with the notion of social capital from a rational choice perspective, on the assumption that social capital is analogous to finance and human capital. In fact for Coleman, all kinds of actions serve a single purpose, to increase the actor's realisation of their interests. People invest in each other; become networks which are instrumental in achieving personal goals. The rational choice conception of the human actor is that of an essentially self-interested individual, whose behaviour, guided by instrumental reason, always takes the form of strategic actions, to promote that interest. The more social capital, the better the individual is able to realise and defend their interests.

However, outside the primordial group of the family, individuals are clearly selective in the networks in which they choose to participate. Some networks potentially offer better returns on investment than others. In that endogenous bonding social capital involves the formation of associations or alliances and bargaining for mutual advantage, we can predict that such alliances will be formed with and between those parties from whom, it is perceived, benefits can be obtained. As Lewandowski & Streich put it, 'The bonding function of social capital creates internal bondings within the existing networks of civil society'. (2007: 592). If this is so, then people with learning disabilities and members of other groups on the margins of civil society, who also may lack the necessary bargaining skills,

may not secure a place at the table and likewise, those at the table will have little incentive to reach out to them or to consider or make provision for their needs.

Again Coleman's assertion that parents invest in the human capital of their children, with a view to themselves receiving a return on their investment through their children's financial and other support later in life, may not be applicable to the situation of parents of children with disabilities. Here, because of the initially or permanently diminished human capital of their children, such a return on investment cannot be realistically anticipated in the long-term. The fact that many parents of disabled children continue to invest in their children without any prospect of economic or other returns, suggests that they are operating on other ethical principles than an investment model of human behaviour. The same point can be made with respect to those many people in society, who voluntarily give up their time and resources to support people with learning disabilities and other marginalised groups. This conclusion has also been reached by Hans S Reinders in his book The Future of the Disabled in Liberal Society (Reinders 2000). We will discuss these issues again later in the study.

4.6 Pierre Bourdieu: Marxist Analysis of Social Capital

Before we consider Pierre Bourdieu's Marxist analysis of social capital and its application in the field of disability studies we will examine the influence of Marxism more generally and the British Social Model of Disability which it has influenced and which has presented a distinctive and influential understanding of how context creates disability.

4.6.1 Influence of Marxism on Disability Studies

The distinguishing feature of the application of Marxism to studies of human impairment, is the distinction Marxism makes between infrastructure and superstructure. Here ideology, social and cultural processes, philosophical and theological ideas are viewed as superstructure and as such a consequence of more fundamental material dynamics, infrastructure processes, which are economic and political in nature.

Oliver whose views have been particularly influential as an advocate of this approach has defined disability this way:

Disability which is the socially imposed state of exclusion or constraint which physically impaired individuals may be forced to endure. (Oliver 1990: 11)

Some years earlier the advocacy group Disabled People International (DPI) produced this similar definition:

Disability is the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical and social barriers. (DPI 1982)

Both these definitions emphasise that social exclusion is at the heart of the experience of disability and is a consequence of material dynamics (Gleeson 1999) such as macro-social phenomena, economic variables, political and social policies.

Oliver casts these material dynamics in an historical materialist framework and describes disability as a socially and historically relative identity, which is produced by society:

The production of disability ... is nothing more nor less than the set of activities specifically geared toward producing a good – the category disability supported by a range of political actions which create conditions to allow these proactive activities to take place and is underpinned by a

discourse which gives legitimacy to the whole enterprise. (Oliver 1996: 127)

Materialist histories of impairment understand the changing social context of impairment from a developmental perspective. In particular they focus upon the transition from feudalism to modern industrial capitalism. Finkelstein identified three phases in this transition. In Phase 1 in the state of feudalism, people with impairments were economically disadvantaged, lived among the poor, unemployed and mentally ill. Impairment was, Finkelstein suggests, understood as a consequence of sin or morally reprehensible behaviour (he is wrong about this, see an extended discussion in Appendix VIII) and no special provision was made. Phase 2 which began with the industrial revolution saw the development of segregated institutions as a consequence of the movement away from domestic, cottage production to large scale industrial complexes and increasing urbanisation. Production lines and the factory system needed able-bodied workers. In consequence, impaired people were excluded from employment and could no longer be supported at home either since their hitherto primary carers may be away from home and working for long hours. This phase was also associated with the growth of hospital based medicine and the influence of the medical model of disability. Again with the development of state-funded institutions we have the first public service for people with impairments. Phase 3 of this history is the period we are now in, in which disability is understood as social oppression (Abberley 1987); and therefore we have seen the movement towards normalisation and the growth of the self advocacy movement in which impaired people take control over their own lives. (Finkelstein 1980)

From the perspective of this analysis, the causes of disability lie within the nature of capitalism. The exclusion of the disabled from the world of work, which

began at the time of the industrial revolution and as an infrastructure variable, is ultimately the cause of other forms of exclusion, the disabled experience at the superstructure (Oliver and Barnes 1998). Disability therefore is a political problem and its resolution lies in political struggle.

This 'social model of disability' which has underpinned the increasingly vocal demands of disabled people, is designed to move attention away from the inherent functional limitations of impaired individuals, to the problems they experience as caused by the disabling environment, barriers to independence and negative cultural attitudes. The social model is a tool with which to gain an insight into the disabling tendencies of modern society, in order to generate policies and practices to facilitate their eradication (Oliver 2004). These policies and practices should involve disabled people seeking to change society and gain control over their own lives and this Finkelstein (1981) suggests involves revolution rather than reform, emancipation rather than compensation.

It is of interest to note at this juncture that Marxism became influential in the disability movement and underpinned the social model of disability, at a time when it had a similar influence on liberation theology, and the work of Paulo Friere is referenced in both literatures. In particular, his notion of conscientisation was particularly influential, since it encouraged those who were oppressed to see their problems and society's problems as human products that can be changed through their collective action. (Friere 1970)

Finkelstein's historical analysis of disability was seen to be valuable at the time, in that it emphasised the growth of industrial capitalism as a significant contextual variable in the causation of disability. However it was eventually criticised for a number of reasons. It is deficient in that it does not chart the

changing ways of thinking about impairment and disability. The movement from a religious interpretation, through a philosophical interpretation to a medical/technical interpretation interacted in quite complex ways with the rise of industrial capitalism, a complexity which the analysis does not address. Again in Phase 3, the current phase in Finkelstein's model, the social model of disability, presents a too rigid perspective. The majority of people with impairments are elderly whose disability often emerges gradually in old age and the cause of which cannot be easily related to the market capitalist context in the way Finkelstein has described it. Furthermore, as Marxism has not easily accommodated other forms of oppression, particularly the oppression of women, so a number of feminist writers have been particularly critical of the social model, because it excludes the personal experience of pain and limitation which is often part of the impairment. (Crow 1996)

There is a parallel here with liberation theology. As liberation theology's core ideas, the preferential option for the poor, the reign of God and liberation have become disentangled from Marxism as a social scientific theory and socialism as an historical project (Mejudo 2005), so Marxism's explanatory significance in the field of disability studies and the social model now seem to be problematic. In this respect it is interesting to compare what Gustavo Guitiérrez (1996) has written about the changing context of liberation theology, with a passage from Shakespeare & Watson (2002) from within the field of disability studies. Guitiérrez writes:

In the past years we have witnessed a series of economic, political, cultural and religious events, on both the international and the Latin American plane, which makes us think that important aspects of the period in which liberation theology was born and developed have come to an end ... before the new situations many of the affirmations and discussions of the time do

not respond to today's challenges. Everything seems to indicate that a new period is beginning. (Gutiérrez 1996: 102-103, quoted in Petrella 2004: 3)

In the opinion of Shakespeare & Watson:

The strong social model (Marxist/materialist) itself has become a problem and that it cannot be reformed. Our claim is that the British version of the social model has outlived its usefulness. Rather than developing procedural criticisms or supplying alternative arguments to fill the gaps and compensate for the inadequacies of the social model, it is time to put the whole thing to one side and start again. (Shakespeare and Watson 2002)

In effect the liberationist vision has been re-configured to make it more compatible with a wider range of issues and contexts, specifically feminist issues and anti-racist issues (e.g. Burdeck 2004; Petrella 2004) and disability studies and disability activists are rejecting a materialist concept of disability, which virtually severed the relationship between impairment and disability (Oliver 1996). Shakespeare & Watson have re-defined this relationship from a dichotomy to a continuum:

Impairment and disability are not dichotomous but describe different places as a continuum of different aspects of a single experience. It is difficult to determine where impairment ends and disability starts, but such vagueness need not be debilitating. Disability is a complex dialectic of biological, cultural and socio-political factors which cannot be extricated except with imprecision. (Shakespeare & Watson 2002)

Here then, the emphasis shifts away from an exclusive pre-occupation with structural/material variables, as the primary cause of disability, towards an emphasis on non-material ideological variables and social dynamics. Economic, physical and social barriers still exist and should be resisted, but a 'more sophisticated' approach to disability is now necessary.

In proposing the grounds for a more adequate social theory Shakespeare & Watson suggest an 'alternative ontology' of disability, which has implications

beyond the field of disability studies. It is, they suggest, most meaningful to consider that everyone is impaired, in that everyone has limitations in one context or another. If this is accepted, then the focus of interest shifts to a consideration of how the continuum of impairment becomes transformed into a dichotomy between the 'able' and the 'disabled', how the boundaries are drawn, who draws them and why? The notion of impairment as a continuum is particularly influential in social policy at the present time. It is in this context that the work of Pierre Bourdieu becomes particularly significant.

4.6.2 Pierre Bourdieu's Marxist Perspective on Social Capital

The work of Pierre Bourdieu is a significant attempt to adapt the Marxist perspective, in response to the criticism outlined above, so as to consider non-material, ideological variables and social dynamics, and as such he is the only major theorist of social capital whose work has had a significant impact in the field of disability studies.

However, paradoxically, of the three major theorists of social capital, Pierre Bourdieu has to date had the least influence both in the theoretical development of the concept of social capital and its application in the fields of social policy generally. Like James Coleman with whom he authored a monograph on social theory (Bourdieu & Coleman 1991). Bourdieu places the family at the centre of his approach and he is also concerned with the link between individuals and small groups beyond the family, into social organisations and institutions. However, whereas Coleman is primarily pre-occupied with issues of trust, agreement and control within families and small groups, Bourdieu is pre-occupied with power and

power imbalances, particularly class-based power conflicts, developing the concerns raised by Karl Marx, which we have previously identified.

However, as we have suggested Bourdieu's approach is somewhat different from the classical Marxist position, Bradford Verter has put it this way:

... whereas Marx imagined an important dichotomy between a material infrastructure and a symbolic super-structure (Marx [1887] 1967: 43-87), Bourdieu collapses the distinction: the material and the ideal are both facets of a larger economy of power. The notion of capital, encapsulates assets other than money and property. Education, social networks, artistic abilities and cultural knowledge are all obtained at the expense of labour and these forms of symbolic capital are all subject to the same laws of accumulation, inheritance and exchange that govern material forms of capital. (Verter 2003)

Bourdieu identifies at least a triad of capitals in his work (Bourdieu 1986; 1993; 1997; Bourdieu & Wacquant 1992), the most important being economic, social and cultural. All these varieties of capital he suggests, can be sources of social disadvantage and social class differentiation. It is this emphasis that differentiates Bourdieu from other social capital theorists. Social capital is not a neutral concept from him, but is implicated in and concerned with the creation of inequality between social actors. Bourdieu has defined social capital in these terms:

Social capital is the aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalised relationships of mutual acquaintance and recognition – or in other words, to membership in a group – which provides each of its members with the backing of the collectively – owned capital, a 'credential' which entitles them to credit, in the various senses of the word. These relationships may exist only in the practical state, in material and/or symbolic exchanges which help maintain them. They may also be socially instituted and guaranteed by the application of a common name (the name of a family, a class, or a tribe or of a school, a party etc) and by a whole set of instituting acts designed simultaneously to form and inform those who undergo them; in this case, they are more or less really enacted and so maintained and reinforced, in exchanges. (Bourdieu 1986: 248)

At first glance Bourdieu's understanding of social capital may appear similar to Coleman's. However for Bourdieu social capital does not consist in, although it may have its origins in, contingent relations such as those of neighbourhoods or the workplace, which may be of a temporary short-term nature. Rather social capital consists of institutional or structural arrangements which have symbolic or cultural properties and where such relationships are associated with durable obligations, institutionally guaranteed rights and explicit boundaries.

Each member of the group is thus instituted as a custodian of the limits of the group, ie, the limits beyond which the constructive exchange – trade, commensality, or marriage – cannot take place. (Bourdieu 1986: 249)

Bourdieu refers to social capital as connections. These are typically located in families, where boundaries are established by the 'genealogical definition of kinship relations', or in clubs, associations, political parties, religious organisations and other social groupings where boundaries are explicit. Bourdieu is particularly interested in the economic, cultural and symbolic power such groups hold and how such power is utilised to maintain advantage. From this perspective social capital is not necessarily benign in its consequence, rather the use of social capital, as with other forms of capital may become a process whereby social inequality and injustice is produced and sustained. In this sense Bourdieu's understanding of social capital is significantly different from that of Coleman and also, as we shall see, that of Putnam. Social capital is a resource which is derived from connections within the social hierarchy and when liquefied manifests itself in terms of mobility within the social hierarchy. The possession of different sorts and different levels of particular sorts of capital, determines a person's place or a social group's place, in the social hierarchy. In effect 'actors are positioned in a

“topography” of social relations according to their endowments of economic, social and cultural capital’. (Anheier, Gerhards & Romo 1995: 859)

Similarly Hilary Graham writes:

... Bourdieu does not underestimate the importance of differentials of power, possession of material and symbolic capital will determine one’s location in the ‘social space’ of power relations. (Graham 1996: 103)

Elizabeth Silva and Rosalind Edwards give the example of the comparison between teachers, who have high cultural capital and low economic capital and industrialists who possess low cultural capital and high economic capital. As a result those two groups have different capabilities of drawing from and generating resources, and are differently placed in the social class structure. (Silva & Edwards 2003: 3)

A further example of this phenomenon is found in the work of Bev Skeggs, who has developed the work of Bourdieu on social class inequalities, so as to incorporate gender issues. Skegg’s work illustrates how key social/structural divisions such as a class or gender, influence possibilities and access to social capital and other capital, whether economic, cultural and symbolic. Hence, she suggests, social mobility is restricted by spatial and social position and in turn any position, whether it is economic, institutional, or discursive, is not equally available to all. (Skeggs 1997)

From Bourdieu’s perspective social capital is not the mediator of social harmony or economic prosperity for all. On the contrary as Riddell, Baron & Wilson (1999) have suggested, it becomes an ‘unjust mechanism used by the middle and upper classes to secure their privileges against the perceived threat of meritocracy. Within this reading, social capital would be seen as a malign force to be dismantled in the interests of greater equality’.

4.6.3 Studies of Disability from a Bourdieusian Perspective

Of the three major traditions of social capital theory and research, the Bourdieusian perspective is the only one to have been used to give some attention to people with learning disabilities. Here, in particular, we should refer to a number of papers published from the Centre for Disability Research in the University of Glasgow (Riddell, Baron, Stalker & Wilkinson 1997; Riddell, Baron & Wilson 1999; Riddell, Wilson & Baron 1999; Riddell, Baron & Wilson 2001 & Riddell, Wilson & Baron 2001). These studies were funded through an ESRC research grant awarded to undertake research into the meaning of the concept of 'learning society' and its social and economic context, particularly with respect to the situation of adults with learning disabilities.

The concept of the 'learning society' became popular in the 1990s and was widely used by politicians, educators, economists and business and as such suggested the possibility of an alliance with shared objectives between the state, the professions and capital. However, as with the concept of social capital, the concept of the learning society was open to numerous interpretations, some of which appeared to be particularly problematic for people with learning disabilities.

For instance an economic interpretation of learning society, as an aspect of the human capital theory, in which economic theory is used to explain all human behaviour, suggests that education and learning is best understood as a form of investment in increasing economic returns and enhancing the place of individuals in the competitive labour market (Becker 1975). Such a view presents particular difficulties for people with learning disabilities, since it is often argued that this group are unlikely ever to be highly productive and therefore will not provide a

good return on investment and hence be excluded from a learning society as thus understood.

It was against this background that the researchers explored the concept of 'social capital', the collective value of interpersonal social relations, as offering the possibility of inclusion of people with learning disabilities, since it suggested a different vision of the learning society to that based purely on an individualistic utilitarian economic model. A social capital approach to the learning society suggests that education is a means of encouraging social cohesion rather than promoting economic competitiveness of the individual. (Riddell et al 1997: 476)

In order to examine this hypothesis the researchers conducted a number of studies exploring the extent to which people with learning disabilities were able to draw upon resources of social capital and to participate in the formation of social capital themselves. Riddell, Baron & Wilson (1999) and Riddell, Wilson & Baron (2001) reported 8 and 32 case studies respectively, of people with learning disabilities living in urban and rural areas of Scotland, which they proceeded to analyse using both a functionalist (Coleman and Putnam) and a Marxist (Bourdieuian) understanding of social capital, with particular emphasis being given to the latter.

In terms of a functionalist perspective, the researchers conclude that there is a great variation among our participants regarding their relationship to the social capital of their communities; particular variables affecting this relationship they suggest include participating in family networks, gender and the nature of the community itself. Participation in family networks produces greater stocks of social capital, but in doing so diminishes their contact with other people with learning difficulties. Gender appeared to influence access to social capital in that,

the women in the study had greater access to social capital through exercising traditional roles such as domestic work which brought them into contact with the 'normal' world. In terms of the nature of community life, urban areas offered greater advantage over rural areas, in offering many more training, employment and social facilities access to which was relatively easy.

When considered from a Bourdieusian perspective - where emphasis is placed on the reproduction of class characteristics through the transmission of social, cultural as well as physical and economic capital across generations - the study suggested that this transmission is only partial or non-existent for people with learning disabilities. For example Imran, who came from a middle/upper-class background, was unable to draw upon the material and social advantages of his background because 'his learning difficulties offered him a separate and different social status', which was perceived to be inferior. Similarly Clare, who had considerable economic capital of her own but little social capital, 'because she had little contact with her mother's social circle and, for much of her life had not been allowed to develop her own'.

From a Bourdieusian perspective then, people with learning disabilities from upper and middle-class backgrounds, largely do not benefit from their parent's resources of social and cultural capital and as their parents grow old and eventually die any such capital which may have been transmitted begins to diminish in value. The case of Clare suggests in some circumstances that such capital may be used to limit rather than enable opportunities to develop.

Families with diminished social capital, who are themselves marginalised, experiencing multiple sources of disadvantage — many people with learning disabilities as we have discussed (Chapter 2) come from this background — may

transmit this diminished social status to their learning disabled children, who thereby become doubly disadvantaged. Finally the study concludes:

... a Marxian version of social capital alerts us to the relevance of wider economic factors in addition to social capital, as a mechanism of class reproduction. The people with learning disabilities in our study illustrate the structural sources of inequality, in particular the way in which the social security, employment and housing systems interact to ensure that work remains an impracticable possibility for most people with learning disabilities despite their inclusion and abilities. Low wages and housing problems have a number of consequences for the life chances of these people, in particular making it difficult for them to become involved in intimate relationships and establish independent social networks based on reciprocity. (Riddle, Baron & Wilson 1999: 62)

As a general conclusion to their work, the Centre for Disability Research concluded that although an emphasis on social capital rather than human capital may promote the inclusion of people with learning disabilities in some contexts and is preferable to an exclusive dependence on the economic/human capital perspective, this outcome is not assured, since high levels of social cohesion and the power associated with this may lead to the exclusion of those who are deemed to be deviant. (1999: 63)

4.7 Measurement of Social Capital

Many of the claims that are made for the utility of social capital in individual and social development are supported by empirical data. However there is as yet no unanimity on how social capital should be measured. The published research incorporates the complete range of social science methods including large scale survey methods, reviews of historical records, field experiments, case studies, interviews and ethnographic investigation. In addition there is no unanimity on the dimensions of social capital to be measured.

Michael Woolcock from the World Bank, discussing the measurement of social capital in the context of studies of economic, social and political development, suggests six dimensions of social capital that should be considered for measurement. These are (1) Groups and Networks, (2) Trust and Solidarity, (3) Collective Action and Co-operation, (4) Social Cohesion and Inclusion, (5) Information and Communication, and (6) Empowerment and Political Action. (Jones & Woolcock 2007)

Kimberley Lockner and colleagues researching on the effects of the social environment on health, suggest four aspects of social capital which should be measured. These are (1) Collective Efficiency, (2) Psychological Sense of Community, (3) Neighbourhood Cohesion, and (4) Community Competence. (Lockner, Kawachi & Kennedy 1999).

Alex Inkeles writing about social capital in the context of community development includes four categories of phenomenon, 'In the larger realm of social capital available to a community.' (2000: 22)

These are (1) Social institutions, such as the family and clan, the system of medical care and the educational system, (2) Culture patterns, especially the dominant ideological systems expressed in religious and cultural views and values, (3) Modes of communication and association between individual and collective entities, this would include voluntary associations as explored by Putnam, and (4) Psychological characteristics of a given community which would include the tendency to trust other people. (Inkeles 2000)

Significantly, there would appear to be some overlap between the various dimensions of social capital these studies have described. However it is apparent that operational definitions of these dimensions will be determined by the context and objectives of specific studies. Again the theoretical perspective of the

research, will influence the weight or significance attached to any particular dimension.

Inkeles makes the significant point when he writes that at the beginning of each study, the investigator needs to address the 'critical question', whose capital is at issue, that of the individual or that of the community? Social capital, whether at the individual level or the community level is concerned with added value. Social capital, it is suggested, enables both individuals and community to achieve that which they could not achieve without it. Social capital in effect is made up of two processes. One deals with the individual acquisitions of social capital that is bonding capital, the other deals with co-operation within groups and networks, formed from the structures of individual social capital and their aggregation into larger groups and networks, that is bridging capital. Studies focused on the individual, consider social capital as a personal possession and ask whether, in what contexts and why certain individuals have more social capital than others. As we have previously indicated, this is the primary concern of this study.

Undertaking research involving people with learning disabilities presents particular challenges to the researcher. The measurement of social capital with this client group is no exception to this. However we have developed some particular approaches, both qualitative and quantitative, to the measurement of social capital which will be described and discussed as the studies are presented in Chapters 5 and 6.

CHAPTER 5

CHURCHES AS A SOURCE OF SOCIAL CAPITAL WITH PARTICULAR REFERENCE TO THE WORK OF ROBERT D PUTNAM

5.1 Putnam's Arguments and their Critical Reception

Robert Putnam's most well known and influential work is his book Bowling Alone (Putnam 2000). Here he argues that social capital, which he defines as representing the sum total of 'connections among people – (particularly) social networks and the norms of reciprocity and trustworthiness that arise from them' (2000: 19) and civil society are declining in the United States, a trend that began in the mid 1960's and will, he suggests, result in long-term economic and political turbulence, if not reversed. This book and the related work that preceded it (Putnam 1993 and 1993b, 1995 and 1996), has received considerable attention and acclaim. In many publications of the World Bank, for example Putnam's concept of social capital has been proposed as the 'missing link' in economic development (Harris & de Reuzio 1997; Woolcock 1998) and the concept has become particularly influential in the field of community and urban regeneration in the UK as well as America, in that it suggests a connection between local participation, based on horizontal networks and reciprocity and economic and democratic revival, especially in areas of economic distress and exclusion (Warren, Thompson & Saegert 2001; Mayer 2003). Recently Atherton has

described Putnam's work as 'magisterial and field-leading'. (Atherton 2008: 89). It is, nevertheless, surprising that Atherton should write in this way, since in the past decade or so, Putnam's work has been subjected to a sustained and critical analysis in the academic and scholarly literature, leading to a serious questioning and even rejection of his principal conclusions by some (Jackman & Miller 1996a and 1996b, 1998; Foley & Edwards 1999; McClenaghan 2000; Fine 2001; Bankston & Zhou 2002; Durlauf 2002). Even those who remain still broadly supportive of his work, recognise that significant criticisms can be made (Fischer 2005).

For instance a recent and significant body of research, which bears upon some of the basic assumptions of both Putnam and Coleman, has been concerned with patterns and causes of inequality particularly inequality of earnings, wealth and opportunity and their consequences (Neckerman & Torche 2007).

Both Coleman and Putnam have suggested that the decline in the vibrancy of civic life and social capital, particularly in the United States, is largely a consequence of social and cultural variables. For instance, changes in family life, the increasing mobility of families, the changing role of women in the family, and in society and the fragmentation of family life, is one cluster of variables which it is suggested has had a significant negative influence on the quality and stability of civic life (Putnam 2000: 277-279).

Coleman has suggested that the welfare state, the public provision of welfare, has undermined the resilience of families and the local community and again had a negative impact on civic life. In this respect a study by Bo Rothstein is of considerable interest. Rothstein has examined the situation in Sweden, where

social democratic state welfare programmes are particularly pervasive. The study examines the relation between 'the encompassing welfare programmes and social capital'. The results indicate that there is 'no equivalence in Sweden' of the sharp declines in social capital that have occurred in the United States and suggests that 'social capital may be caused by how government institutions operate and not by voluntary associations'. (Rothstein 2001; see also Kumlin & Rothstein 2005)

Eric Uslaner has also written that certain features of welfare states may have a significant influence on the development of trust which is an essential component of social capital. Income inequality for instance, he suggests, may, impede the development of trust, which otherwise flourishes where governments have implemented more egalitarian welfare programmes. Uslaner produces evidence of a macro-link between government policies and trust levels. Those citizens who live in stable democracies with a relatively egalitarian income structures are significantly more trusting than citizens in other countries. (Uslaner 2003)

Uslaner has distinguished between particularised trust and generalised trust. When citizens are not confronted with large or obvious inequalities between them, Uslaner suggests, that it is easier to extend particularised trust beyond the group with whom people usually identify. Differences in income have been specifically related to difference in welfare regimes, specifically between universalism and means testing regimes (Espring-Anderson 1990; Rothstein 1998). Dietlind Stolle has suggested that Scandinavian welfare states have the highest levels of generalised trust in the western world. (Stolle 2002)

It should also be noted that Sweden has some of the most progressive and high quality support programmes for people with learning disabilities in the world.

Concerns about social and economic inequality have become less influential on the political agenda in the USA and the UK. 'Social exclusion' is now the vocabulary of choice. However, studies of social and economic inequality have noted that among the rich OECD countries, the United States and the United Kingdom have experienced the sharpest increases in income inequality in the last 25 years (Kenworthy 2004; Smeeding 2005).

Income inequality has many implications, particularly for social cohesion. There is for instance a tendency for the affluent to seek income homogenous residential arrangements (Durlauf 1996). Families of high socio-economic status are prepared to pay higher prices for their homes and pay for their children's education, in order to live in a more homogenous neighbourhood. The consequence of this is that the affluent and the poor have become increasingly segregated from each other. Such segregation has negative consequences for the formation of social capital (Alensa & La Ferrera 2000, 2002). In a significant study Costa & Kahn (2007) have reported that the long term declines in social capital in the USA are significantly correlated with rising income inequality and that levels of trust and civic participation are also similarly negatively, related to income inequality.

Furthermore, when social life becomes class segregated this has specific, negative implications for churches as sources of social capital particularly in heterogeneous communities. This research puts into a somewhat different perspective the origins of the changes in civic life and social capital, which have so pre-occupied Putnam. It should be noted that Putnam does not address directly the issue of rising income inequality and its implication for social capital in his work. We will touch upon this and related issues again later in the chapter.

When comparing the work of Putnam and Coleman, it should be noted that Putnam's underlying assumptions are somewhat different from those of Coleman (Stolle & Hooghe 2003). Coleman, as we have noted, was interested in a rational choice and economic model of social structures; to what extent could the social be explained by the economic. Whereas Putnam's work, although based on economic assumptions, and concerned with economic objectives, seeks in addition, to identify those cultural structures and beliefs that are necessary prerequisites for economic and political progress.

In this sense, the typical social capitalist for Putnam, is not individuals pursuing their self interest within a closed group of like-minded peers, but citizens acting together with others in the affairs of daily life, upon which, de Tocqueville ([1885] 1969) suggested, democratic society depends. Shared social values and inter-subjective obligations are not a pre-requisite for working and associating with others, as they are for Coleman, but arise out of everyday associations and co-operation. It is through these associations, Putnam suggests, that bonding obligations, what he understands as strong moral ties, and bridging structures, weak ties which have utility maximising properties, emerge. For Putnam, social capital is understood at the level of the community, is a store of 'generalised trust', mutual appreciation and shared cooperative attitudes which, to use his phrase, 'make democracy work'.

As we have discussed above, for Coleman social capital is primarily a resource that enables individuals and groups to achieve specific objectives that they would not be able to achieve in isolation. Trust is more particularised. With Putnam however, social capital acquires this additional attribute in that the community as a whole benefits from it in economic terms as well as in terms of the

quality of its civic and democratic life. The quality of a community's associational life, particularly as it is found in its voluntary associations, produces social capital by supporting norms of reciprocity, trust and social networks, which generate habits and attitudes conducive to wider civic engagement. Individual members of voluntary associations are therefore enabled to contribute to the well-being of society, beyond the boundaries of the group.

Putnam identifies a wide variety of voluntary associations which potentially constitute social resources shaped by trust and reciprocity. Among these, church groups, have, he suggests, a prominent role to play (Putnam 2000: 408 - 410). However, a nuanced reading of his work suggests that churches within the Protestant tradition are considered to be more productive of exogenous social capital than those within the Catholic tradition, who, as the work of Coleman might suggest, are more productive of endogenous capital. This is also what might be predicted from Trowman's distinctions.

It should be noted here that there is a substantial body of literature which suggests that arising out of the social and theological changes accompanying the Reformation, new forms of association emerged. An important characteristic of these new forms of association is that they were not organised around vertical bands of authority and dependency as were the confraternities they frequently displaced. Troeltsch (1992) devotes considerable attention to this development and so does H. Richard Niebuhr in his book The Social Sources of Denominationalism. (Niebuhr 1929/1975)

An example of more recent scholarship is that of Roger Meehl in his book The Sociology of Protestantism. Meehl writes:

The Reformation removed the emphasis from the universal institution (characterised by hierarchy) and placed it on to the communities effectively gathered to receive the word and sacrament, that is to say on to the parish. Thus a sociology of Protestantism, because of the direct influence of ecclesiology on sociological structures, would have the parish groups as its primary object of study ... Naturally this idea of parish should not be given a purely traditional, ie, geographical meaning. The parish is the group that attempts to assemble Christians according to the laws of human proximity: such proximity can be socio-professional as well as purely spatial. (Mehl 1970: 42)

Max Weber had previously suggested that these new religiously motivated associations were the 'prototype of modern secular clubs and associations' (Weber 1947: 320). Similarly, James Luther Adams writes, with reference to Weber that:

These associational movements for social change anticipated in principle in seventeenth century Puritanism, may be viewed as activities that in varying ways exposed a sense of vocation broader than that which Weber presents with respect to the vocation of daily work. They provide the citizen with the opportunity to emerge from the 'iron cage' of specialisation and to join fellow citizens in bringing under criticism economic as well as political and other institutions. They have served both in Church and society as a principal means to promote criticism and innovation, individual and group participation and responsibility, and thus the dispersion of power. (Adams 1971: 187)

Furthermore Adams also writes, with reference to the work of Thomas Hobbes:

Hobbes recognised that freedom of religious association would bring in its train, the demand for other freedoms of association. His fears were fully justified. Indeed, with the emergence of this multiple conception of freedom of association a new conception of society came to birth – that of the pluralistic, the multi-group society. (Adams 1971: 224)

In support of these assertions, the research by SJD Green in three towns in the West Riding of Yorkshire provides evidence that parish Churches and Chapels, in the late nineteenth and early twentieth centuries, were major sources of civic involvement and education, preparing members for wider responsibilities in the community. (Green 1990, 1996)

The Catholic theologian Michael Novak, to whose work we have previously referred (1.1) attaches a particular importance to the development of new forms of association at the Reformation, and the freedom of association they offered, particularly their Anabaptist expression. In his essay 'The Meaning of Church' in Anabaptism and Roman Catholicism: Past and Present he writes:

This study attempts to encourage Roman Catholics to reflect upon the lessons of doctrine and practice to be learned from the traditions of the Anabaptist or Free Church Movement.... It concludes by noting ... how the Roman Catholic Church is at last following the Free Churches in the rejection of the Constantinian order, in the vision of the Church as a concentrated people of God, and in the use of methods of open discussion, lay participation and consensus as important in their daily life. (Novak 1966: 91)

These studies suggest that the roots of a multi-association, pluralistic civil society, so valued by Putnam and the notion of exogenous/bridging social capital itself rests within the Protestant tradition.

So, as well as being influenced by de Tocqueville, Putnam also falls into the tradition of Weber, who sought to identify those features of Protestantism which he considered might account for the observed association between the size of a Protestant population in various regions of Europe and the economic development that those regions experienced (Jackman & Miller 1998: 51), and the new forms of association that developed. Protestantism, Weber thought, unlike Catholicism, was associated with a distinctive cluster of values which fostered entrepreneurial skills (Weber 2001).

There are a number of significant empirical studies that have been undertaken to explore the relationship between values and economic and political processes. One is Almond & Verber's study of the association between civic culture and democratic processes across five countries (Almond & Verber 1963).

A second is Putnam's own study Making Democracy Work (Putnam 1993), which is a comprehensive study of regional government in Italy following the introduction of regional government structures in 1970. This work has been subject to in-depth critical scrutiny by Edward Muir (1999) and Gene Brucker (1999) among others. Putnam's book Bowling Alone is in fact a parallel analysis in the United States context based upon his original Italian study material.

Arising from this background, a considerable body of research has been undertaken into the role of church organisations, particularly American Protestant church organisations, as sources of social capital. Some of the issues this research raises we will consider below. However before we do so, it should be noted that there is a body of theological opinion which has always questioned the notion that the Church is a group like any other. Some of the debates surrounding this issue are discussed by Matthew Grimley in his book Citizenship, Community and the Church of England (Grimley 2004: 65-102). Here he quotes from William Temple to the effect that:

The Church was not a society which people joined as one might join the Tariff Reform League or any other organisation with a specific object. (Temple 1924: 333).

Similarly Grimley refers to Ernest Barker's remarks that the Church was different from other groups because it was inspired by the Holy Spirit, and had a duty of mission to the rest of the community which they did not share. (Grimley 2004: 83)

A recent paper by Richard Rymerz quotes from Joseph Ratzinger who writes that 'the Church is not a club of friends or a leisure association that brings together men with the same likes and related interests.' (Rymerz 2011: 784). Thus although the work of the Church might be sustained by 'natural communities' (Rahner 1966: 52), it is not to be understood exclusively as a sociological or

social-psychological phenomenon, as simply another form of voluntary association (Harris 1994, 1998).

5.2 Religious Participation as Facilitation for General Social Participation

There are a number of sociological studies which suggest that membership of religious organisations acts as a gateway to other forms of social participation, particularly volunteering (Wilson & Janoski 1995; Ammerman 1997; Gronbjerg & Never 2004). Putnam himself has also suggested this (Putnam 2000: 66-68). For instance, a recent American study by Park & Smith (2002) using a sample of 1,738 church going protestants, found that participation in church activities was strongly related to the extent of volunteering in non-church activities and concluded that church going protestants 'exhibit a strong sense of community identity through their local churches' (272).

From an individual perspective, it appears that those who are members of religious organisations gain the opportunity to learn skills, enlarge their social networks and gather information, in effect enhance their human capital, which facilitates their wider social participation. Religion is also a source of cultural capital which orientates the person towards certain values which would include obligations to the wider community and society (Wilson and Musick 1997).

One of the more important ingredients of social capital as Putnam understands it is 'trust'. In that religious organisations promote in-group bonding, endogenous capital, they develop a sense of social connectiveness and interpersonal obligations that may potentially extend beyond the boundaries of the group, an outcome that may be particularly conducive to the formation of

generalised social trust in the wider civic society (Smidt 1999; Wuthnow & Evans 2002). (See also our reference to Uslaner's work on 5.1)

However in a thorough analysis of the research relating to the sources of generalised trust in civic society, Stolle has written that:

According to our current insights, bridging and weak social interactions should have the highest potential for the development of generalised trust ... Using voluntary associations as an example of weak and bridging social interactions, not much evidence has been found to confirm these hypotheses so far. (Stolle 2002: 406)

Furthermore Stolle writes:

Although research ... has shown that association members are more trusting, the possibility is that people self select into association groups, depending upon their original level of generalised trust ... In other words, the strong emphasis placed by society clustered accounts of social capital on voluntary associations as the producers of generalised trust might not be warranted. (406)

This view is also supported by Clairbourn & Martin (2000).

5.3 Variability across Traditions

As we might anticipate from our previous discussion, research has also demonstrated that the potential of church groups as sources of social capital varies across traditions. A foundational study in this respect is that of Lenski (1963: 243-250) who suggested that Protestantism and Catholicism place different emphases on social relations. Lenski suggested that Protestant churches have an 'extra-familial orientation that weakens the bonds members have with their kin group, while encouraging participation in other social activities (exogenous social capital). Whereas Catholicism has social centripetal tendencies stressing a close relationship between church and family, and emphasising family obligations and the preservation of the catholic identity (endogenous social capital), which then

restricts its member's participation in extra-familial and extra-congregational activities. Tropman refers to Lenski's work as 'an early statement of the Catholic ethic values package.' (Tropman 2002: 27) particularly with respect to its emphasis on the role of the family and its positive evaluation of the welfare state.

The results of Lenski's study are mirrored to some extent by the results of Connor Ward's study of an English Catholic Parish in Liverpool (Ward 1961). He reported for example that the Catholic school system (parents were strongly encouraged to send their children to Catholic schools), influenced child's patterns of friendship. He writes:

The vast majority of the children of parishioners therefore attended the schools of the parish. This might be expected to affect the children's patterns of interaction and social relations. There were indications that it did in fact do so, particularly in regard to patterns of friendship. 51% of the parents of school going children and all their children's friends were Catholic 28% of the parents of those who had left school but were under 21 years of age said their children had no non-Catholic friends. (Ward 1961: 95-96)

James Coleman developed his understanding of endogenous social capital in the context of studies of Catholic schools in America (Coleman, Hoffer & Kilgove 1982; Coleman & Hoffer 1987). His studies, however, were particularly interested in the effects of attendance at such schools on educational attainment.

After leaving school, Ward reported that friendships with other Catholics persisted but 'other friendships related to work, leisure time interests and residential propinquity, also developed' (1961: 96). Ward reports that 80% of households interviewed had 'many non-Catholic friends'. However when asked about their attitude to marriage of a child to a non-Catholic, 80% would 'emphatically' disapprove and 14% would not be too pleased. (1961: 96)

It is particularly interesting that in the interview schedule Ward used in his study, he asked two questions about the involvement of Catholics in civic life. These were:

‘Do Catholics take part in public life and social activities in this district?’ and ‘Do any individual Catholics play a prominent part?’

No results relating to these particular questions were reported in the study, suggesting, perhaps, that there was nothing to report! However, elsewhere in the study reference is made to Catholics being members of local trade unions, although no precise details were given. (100)

Robin Gill has noted in his book Churchgoing and Christian Ethics that in 1980, the European Values Systems Study Group reported that an average 12% of non Churchgoing Catholics were involved in voluntary work, a figure which rose to 28% among weekly Churchgoing Catholics. However among Protestants, the comparative figures were 10% and 58% respectively. (Gill 1999: 42)

There may of course be historical and contextual variables at work which may contribute to the differences in extra-congregational social relations between traditions, that Lenski and others have discussed. For instance Joseph Altholz noted, in his study *Social Catholicism in England*, that in the 19th century:

The English Catholic Church made no contribution to the needs of the nation as a whole and rarely expressed any concept of social concern or Christian benevolence applicable outside their own body. (Altholz 2000: 219)

This is confirmed by Vincent McClelland in his biography of Cardinal Manning (McClelland 1962) who writes that on his conversion to Roman Catholicism, ‘Manning discovered that he had entered into a narrow, withdrawn and aloof circle.’ (20) McClelland further includes the following excerpt from

Manning's diary written toward the end of his life (diary entry for 1st August 1890)

indicating that over the years the situation had not changed:

All the great works of charity in England have had their beginning out of the Church, for instance the abolition of the slave trade and of Slavery. ... Not a Catholic name so far as I know shared in this ... It was a Quaker that made Father Mathew a Total Abstainer ... The Act of Parliament to protect animals from cruelty was carried by a non-Catholic Irishman. The Anti-Vivisection Act also ... The Acts to protect children from cruelty were the work of Dissenters. On these three Societies there is hardly a Catholic name. On the last mine was for long the only one ... There are endless works for the protection of shop assistants, overworked railway and train men, women and children ground down by sweaters, and driven by starvation wages upon the streets. Not one of the works in their behalf were started by us, hardly a Catholic name is to be found on their Reports. Surely we are in the Sacristy. It is not that our Catholics deliberately refuse, but partly they do not take pains to know, partly they are prejudiced ... unconscious that Lazarus lies at the gate full of sores. McClelland 1962: 20 – 21)

Putnam, in his study of regional government in post-war Italy, noted that:

Organised religion, at least in Catholic Italy, is an alternative to civic community, not a part of it Church goers seem more concerned about the city of God than the city of man. ... In today's Italy ... the civic community is a secular community. (Putnam 1993: 107-109)

This suggests that any socially centripetal tendencies that may have operated or operate within Catholic communities, may also be a consequence of ecclesiological issues, the way the church understands itself in relationship to its wider social context, or be a response to specific experiences of political or religious discrimination in given societies at given times.

It should be noted that Lenski's study and Ward's took place before the close of the Second Vatican Council: the participants were therefore socialised into pre-Vatican II religious traditions. The Council initiated profound changes, particularly in the role of the laity in the Church (as Novak has noted p168) and the Church's attitude to modernity. The sociologist Staf Helleman has referred to this as a transition from ultramontane mass Catholicism to choice Catholicism

(Hellemans 2001, 2009). He illustrates this change in relations between the Catholic Church and modernity in this table reproduced, in part, from one of his recent studies.

The most comprehensive body of research on the Catholic Church in the UK in the years following the Second Vatican Council, has been undertaken by the sociologist Michael Hornsby-Smith (Hornsby-Smith & Lee 1979, 1987, 1989, 1991 and 1999) a further important study is that by Peter Coman, who considered specifically changing Catholic attitudes to the welfare state over the same period (Coman 1977).

Hornsby-Smith confirms the view expressed by Hellemans that the Catholic Church in the UK has experienced a change from a period of relative isolation characterised by 'the poverty of the contribution of Catholics to the great social, political and economic issues of the time' (Hornsby-Smith 1987: 31) to a post Vatican II situation where there has occurred 'a substantial breakdown of their distinctive sub-culture so that a process of sometimes convergence with the wider society can be said to have taken place' and 'the barriers which formerly segregated Catholics from their fellow citizens have largely disappeared ...' (215-216). Similarly Coman charts the changing attitudes of the Church to the welfare state. This commenced with hostility to the Beveridge proposals, since they were

perceived to increase state power at the expense of individual initiative, the role of the family and voluntary initiative (Coman 1977: 41-68). However in the post Vatican II years, 'the weakening of a general Roman Catholic identity made it less natural for a Roman Catholic to expect to adopt a specifically 'Catholic' view on a wide ranged social issues, including social and welfare ones' (106). This resulted in a 'decline in Roman Catholic concern with the welfare state' (106). Hornsby-Smith relates these changes to a new 'theological culture' (1987: 30) and quotes extensively from James Coleman who writes of this as centered:

... around the themes of collegiality, dialogue, democratization, pluralism in theology, free theological inquiry, and free speech in the Church. New theologies of creation, salvation, revelation, and grace have undercut rigid nature-supernature distinctions or too-facile divisions between the sacred and the profane. These new theologies have implications for the way in which the roles of priest and laity are defined in the Church, and the way in which they allow the appeal to experience (instead of to trans-physical fiat) as the basis for the Church's understanding of its own symbol and 'the signs of the times. (Coleman 1978: 17-18)

Hornsby-Smith also notes the rise of a 'new Catholic middle class' and tension between these Catholics and working class Catholics:

Reforms stemming from the Vatican Council, the increased participation of the laity from liturgical reading to membership of parish councils or national commissions and so on, favour the educated and articulate middle class. This last group is happier with the changes which have emanated from the Vatican Council, more involved in associational activity and is more approving of the Church's belief and value systems. By contrast, working class Catholics are less happy with recent changes, suspicious of the shift of emphasis from ritual to participation, defensive about their loss of a privatised autonomy, and suspicious of proposed new forms of ministry, possibly because they represent new and alternative sources of authority to which they will be expected to respond. (Hornsby-Smith & Lee 1979: 127-8)

It is clear, that significant changes have taken place in the Catholic community in the UK which has influenced its relationship to the wider community, since Vatican II. Some European studies and American studies which have

followed up on the Notre Dame Study of parish life which was undertaken in the 1980's, suggests that this is not a phenomenon unique to the UK context. In terms of European research, a study of religion and volunteering in the Netherlands (de Hart 2001) concluded that although 'Catholics are less likely to do voluntary work than members of the two main Dutch Protestant Churches', they 'do spend more time on their voluntary work' and 'Churchgoing is more closely linked to voluntary work among Catholics than among Protestants.' (99) Frank Adloff in a review of research on American Parishes suggest that although Catholic parishes report 'an unquestionably strong denominational identity' they are more likely to work with other organisations on activities to improve the overall quality of community life, were likely to have a partner organisation working with them on a public policy issue and were likely to report that changing the world is an out-reach goal (Adloff 2007: 74-75).

Two further recent American studies are worthy of note. A study by Davidson & McCormick considered American Catholic's participation in voluntary associations and activities that make up 'the public square.' They reported that 'there was no evidence of a distinctively Catholic pattern of civic engagement'. However:

Catholics were about twice as likely to be involved in religious groups than secular groups. Among secular groups they were more involved in school and neighbourhood activities than political and environmental groups or groups working with the poor.

However the study also concluded that 'Americans tend to put a higher priority on civic groups and activities that address their personal - family needs than they do on other civic groups and activities'. (Davidson & McCormick 2007: 125-126). They also added that 'the higher one's income, the more likely one is to

participate in virtually all types of civic activities' (130), which confirms the results of other research we shall consider. They also reported on a generational difference. Pre-Vatican II Catholics were more involved in 'religious/Catholic groups', than Vatican II or post Vatican II Catholics. (130)

A study by Meghan Davis & Antonius Liedhege considered Catholic civic engagement at the local level. Here they distinguished between congregational engagement, the involvement of the parish as a collective actor, and parishioner engagement, the involvement of individual parishioners through and within their parishes. Their conclusions supports those of Davidson & McCormick in that Catholics are no more nor less engaged with their communities than other Christians. However they regard this as a 'puzzle' in the sense that the enormous emphasis that the Catholic Church has placed upon its social teaching, which is strong and distinctive and more clearly articulated than that of other denominations, does not appear to have resulted in a measurably different impact on Catholic participation in civic life when compared with that of other denominations. (Davis & Liedhegener 2007: 154)

Recent American studies then suggest that Vatican II has had an impact on Catholic civic engagement, but some questions remain to be answered.

It is also possible that the particular characteristics of and changing relationship between the Catholic Church and modernity we have explored is primarily a European and North American phenomenon. Catholics in Latin America, for instance, have been in the forefront of movements for grassroots political economic and social change and in doing so have developed new forms of social relationships through base communities (Torres & Eagleson 1988).

However a recent cross-national study of the extent to which religion influences civic culture, through a study of voluntary association membership, suggests the persistence of difference between Catholic and Protestant churches.

It concludes that:

Protestants are more likely than Catholics to be members of voluntary associations, while there is no difference between Protestants and those who belong to 'other' or no religions. At the same time Catholic nations have lower overall membership rates compared to Protestant nations.

(Lam 2006: 177)

This study, the author suggests, also:

Underscores the significance of collective dynamics, not of individual influences on, voluntary association membership. It demonstrates the need for contextual analysis and a more careful examination of the mechanisms through which religion promotes civic engagement, by untangling the individual level and macro level influences of religions on the patterns of voluntary participation within and across nations. (190)

5.4 Organisational Structure

In terms of contextual variables, variability across traditions in their engagement with civic culture, may be less a function of denominational affiliation than it is of organisational structure. (Cavendish 2000: 338) Both Verber et al (1993) and Harris (1995) have argued that the way religious groups are organised may play an important role in the opportunities they generate in the Church, for practising skills relevant to civic life.

They argue that denominations that place less emphasis on hierarchy are more adept at civic involvement and more socially active. Only horizontal leadership structures seem to generate social capital. Putnam also noted, with respect to the Catholic Church in Italy, that its hierarchical structure hindered the development of trust and co-operation within Italian society (Putnam 1993). Verber et al have also suggested that the Catholic Church's hierarchical structure

is a barrier to civic engagement (Verber et al 1995). Similarly studies have argued that as there is an increased emphasis on local governance within Protestant churches this encourages lay members to engage in voluntary activities both inside and outside churches (Lam 2006). In effect bonding capital leads to bridging capital in these contexts.

Studies in post-communist Russia, of the engagement of the churches in the provision of social programmes, have similarly suggested that Protestant churches, with their relatively flat-leadership structures, are more adept and successful than the Russian Orthodox Church (Caldwell 2008).

However some American studies have raised particular concerns about fundamentalist/conservative religious groups as a source of social capital. Here the religion, particularly certain theological and anthropological beliefs when combined with endogenous bonding capital, may contribute to the development of symbolic boundaries which define group membership in such a way as to generate suspicion and intolerance and the resentment of outsiders and so limit the formation of bridging and linking capital upon which civic involvement is built (Diamond 1995; Peshkin 1986; Provenzo 1990). Portes & Landolt (1996) have referred to this as the 'dark side of social capital'.

5.5 Spiritual Capital and Religious Capital

Chris Baker (2007: 20) has drawn the distinction between 'spiritual capital' by which he refers to the theological identity, values, moral vision and the liturgical and devotional life of a church and the 'religious capital' of a church which refers to its praxis, the practical contribution to local and national life made by faith groups;

in other words, their bridging social capital. He also suggests that the former 'energises' the latter.

Hopewell has defined a congregation as a local organisation in which people 'regularly gather for what they feel to be religious purposes' and as 'a group that possesses a special name and recognised members who assemble regularly to celebrate a more universally practised worship but who communicate with each other sufficiently to develop intrinsic patterns of conduct, outlook and story.' (Hopewell 1987: 12) Spiritual capital is then particularly associated with the congregational experience through which Hopewell suggests bonds of trust and shared narratives are formed. Baker is then suggesting that this congregational experience feeds through into the associational life and the organisational functioning of the Church community as a whole and from there into the wider community beyond the Church. A number of other writers have expressed similar views.

Atherton in his book Marginalisation (Atherton 2003), has for instance suggested the existence of a relationship between Church involvement and community involvement, although he does not use the terminology of spiritual and religious capital. In particular he draws attention to the work of Robin Gill in his book Churchgoing and Christian Ethics (Gill 1999). Gill, Atherton suggests:

Has illustrated how regular Churchgoing results in greater involvement in voluntary activities and altruism' ... and ...' connects the formation of such virtuous character to patterns of ethos and worship.

Atherton suggests that there is 'wide support for that claim.' (131) He refers to the work of Duncan Forrester who writes that the cult is the nourishing heart of Christian practice ... enacting of the liturgy ... is the place where the Church is most fully Church. (Forrester 2000: 91)

On another occasion Forester has described the 'Christian congregation gathered around the table to celebrate the Supper of the Lord.' 'as .. a little foretaste of the equality of the Reign of God, and an enacted commitment to equality.' (Forrester 2001: 6)

Gill's work is primarily based on the results of social attitude surveys about Church communities, their views on a range of social issues as well as religious issues. On this basis Gill has identified a cluster of attitudes and practices which distinguishes churchgoers from non churchgoers; although there is some overlap between the two.

Before we move on to consider some contemporary research bearing upon these ideas we should note that certain studies within the orbit of secularisation theory are ostensibly relevant to this distinction that is made between Religious and Spiritual Capital. In particular, studies of what is referred to as 'internal secularisation' would appear to have some importance. The term was first used by Thomas Luckmann to refer to the increasing engagement of religious organisations with secular concerns and society beyond the Church (Luckmann 1967). Luckmann suggested that such an engagement resulted in, even necessitated, internal changes whereby religious organisations developed economic/financial, administrative and political functions and even marketing functions (Berger 1969: 138) since religion was becoming a consumer commodity, which mirrored similar functions found in secular organisations.

The consequences of this process, Mark Chaves has suggested, is the development of a dual structure within religious organisations, particularly Protestant denominations. First, there is he suggests a religious authority structure which controls access to 'religious goods' constituted by particular

Church traditions. Second, in addition to this, there is what Chaves calls an 'agency' structure, a bureaucratic structure that controls the Church's resources, financial and other capital resources which are committed to the Church's maintenance and survival, but also oversees the Church's engagement with secular society, social services and mission activities (Chaves 1993). According to Chaves, the agency structure is a manifestation of secularisation within the Church in that the way it functions mirrors similar bureaucracies in society at large and that the religious authority's influence over it has progressively declined. This distinction between religious authority structure and the agency structure is analogous to the distinction Baker makes between spiritual and religious capital. We might hypothesise that spiritual capital is a product of the religious authority structure whilst religious capital is similarly related to the agency structure. Chaves' own research has exposed the complex power dynamics within Protestant denominations (Chaves 1993). This suggests that the relationships between spiritual capital and religious capital might not be quite as simple as Baker and others have suggested. Furthermore, if the internal secularisation theory is to be accepted we might anticipate that religious capital might function similarly to social capital in society at large. In effect, when we come to consider Church congregations themselves and the way they function, then a more complex picture does indeed emerge.

Furbey et al (2006: 26) for instance, suggests that 'faith communities *through their organisational structures* [the emphasis is mine] bring people together in associations that are developmental and strategic'. The implication here is that it is those who are involved in the organisational aspects of church life (its agency structures), maybe in leadership positions, who are in a prime position

to develop the bridges and links upon which civic involvement, religious and social capital is built. In effect, it is the participation in the 'institutional infrastructure of faith organisations and networks that is a prerequisite for spiritual capital to be converted into 'religious capital' (Dinham & Lowndes 2008: 43 (6): 825). This conclusion is supported by a number of empirical studies. Robert Wuthnow, for example, in a study of the relationship between religious involvement and what he calls 'status bridging social capital', that is friendship with 'elected public officials, corporation executives, scientists and persons of wealth' concludes that:

... membership in a religious congregation and holding a congregational leadership position are most consistently associated with greater likelihood of having those kinds of friendships. (Wuthnow 2002: 41 (4) 669)

However, Wuthnow also adds that 'frequency of attendance at religious services is not significantly related to any of the measures of having high-status friends (independent of the effects of membership)' (678)

Wuthnow also indicates that his findings are consistent with other research to the effect that social capital is 'more common among privileged people than among the socially marginalised'. (681) Coleman, as we have noted, suggested that those in positions of authority have more access to social capital than those who are not.

A study by Schwadel (2005) also make this distinction between involvement in church activities, other than church services, and participation in church services and concludes that it is participation in church activities, other than church services, that is strongly related to church member's participation in non-church organisations. (159) Beyerlein & Hipp (2006) similarly write:

We find that while the frequently employed measure of religious service attendance has minimal effects on participation in bridging types of civic organisation, congregational activity beyond religious service attendance

has a substantial positive effect in participation in charitable and linking types of civic organisations. (97)

Finally, it is interesting to note in this context, the observations Dietrich Bonhoeffer made about the Evangelical Church in Barcelona, when he took up the position of Pastoral Assistant there in 1929. These are recorded in the recent biography of him by Ferdinand Schlingensiepen (2010).

The Evangelical Church in Barcelona was in more ways than one typical of German expatriate congregations in large European cities. There are similar churches in northern, western and southern European countries to this day. The elders of the church were respectable business men, but that didn't necessarily mean that they came to church very often. A generally supportive disposition toward the church went together with 'extremely poor church attendance,' the new pastoral assistant concluded (DBWE 10, 77) (Schlingensiepen 2010: 40).

Evidently in this context religious capital was somewhat disconnected from spiritual capital!

5.6 Income Inequality, Race and Gender effects on the Distribution of Civic Skills and Social Capital: Does Church Membership make a Difference?

At the beginning of this chapter we touched upon the implications disparities in income have for the formation of social capital. Here we return to the issue considering a number of studies which in addition highlight Race/Ethnic and Gender issues.

In a study on the role of social capital in combating poverty, Warren Thompson & Saegert (2001) have noted that:

More affluent communities do have greater financial and human capital resources and their public institutions like schools, are stronger. Their social capital can be more effective because it is reinforced by these other resources (3)

This suggests that those who are less affluent who live in less affluent communities, that may experience multiple social pressures, and where schools are weaker and employment opportunities uncertain, in effect where there are diminished opportunities for human capital accumulation, may in consequence have limited opportunities for civic skill acquisition. In these conditions social capital resources may be diminished.

In this context, a recent study by Philip Schwadel, has considered whether church membership may compensate the economically disadvantaged for deficits in civic skill acquisition, that they might otherwise experience. The study, an American study, analysed data collected from 5,123 church members of 62 congregations in 11 major denominations, the data included measures of income and civic skills participation opportunities.

Three dependent variables were considered, so as to measure the opportunity for civic skill education or social capital production in the churches in the study.

1. Holding a leadership position in church administration, finance or building committees
2. Holding a leadership position in church sponsored charity, public policy or social justice committees
3. Number of church organisation memberships

The study correlated measures of individual income and congregational income, to these measures of Church organisation membership.

The results indicated that for all those dependent variables, income level was positively and significantly related to the opportunity to learn and practice civic skills in church. In particular, church members with higher incomes were more likely than those with lower incomes to hold leadership positions in church administration, finance or building committees and individuals with higher incomes

were more likely to hold more memberships of committees in church organisations generally. Furthermore the study noted that there was evidence of congregational income stratification as well as individual income stratification. Schwadel writes:

... higher income congregations offer more opportunities to learn civic skills than do lower income congregations. Church members belong to more church organisations when they are in higher income churches and when they earn higher incomes. This suggests that there is both individual and congregational stratification in the opportunity to learn civic skills through membership in church organisations. The contribution of the dual level income stratification in membership in church organisations and the individual level income stratification in holding a leadership position in administration, finance and building paints a dim picture for the promise of the churches ... there remains a constant individual level, income inequality in participation in church activities and organisations that might increase civic skills. The results suggest that churches do not provide an 'even playing field' for civic skill education and practice, although it remains to be seen whether they provide a more even playing field than educational and occupational contexts. (573)

In a recent review of German studies of social capital and the Churches' role as a source of social capital, Frank Adloff arrives at a similar conclusion. He writes, specifically referring to Church members that:

People on lower income brackets and with a low level of education are under-represented in civil associations, and are thus less well equipped with social capital ... The results for these groups has been social deprivation. The changed nature of associations goes along with a new, unequal distribution of participation in associations. The new associations demand typically middle-class abilities from their members. These abilities entail being a self-reflexive 'consumer', oriented to self fulfilment, who can energise his own, occasional activation. Milieu organisations can no longer compensate for abilities that are dependent on education. (Adloff 2007: 79)

Similarly Joep de Hart, to whose work in the Netherlands we have previously referred, suggests that among churchgoers social participation is influenced by a range of factors, including level of educational achievement and the possession of marketable skills, that is human capital. (99)

There appears to be no research to date examining the impact of church membership on the access of women members to civic skill development and social capital. Such anecdotal evidence as there is largely negative. For instance Foley, McCarthy & Chaves (2001) have written:

Religious bodies can also be potent vehicles for the perpetuation of inequality, through some of the same mechanisms by which they train members in citizenship and provide leadership to the larger community. Most of the more hierarchical institutions and even many of the more egalitarian ones restrict the degree to which women play leadership roles, though the degree and extent to which this is true has shifted back and forth over time. These limitations are not exclusive to religious organisations, but they tend to stand out and be reinforced by the power of religious symbols and teachings to create distinctive identities that are sometimes at variance with secular norms. (238)

Finally, a major study by Alesina & La Ferrara has considered the issue of group formation and participation in heterogeneous communities, diverse in terms of income and race or ethnicity. The study has noted that civic involvement is significantly lower in more unequal and more racially or ethnically fragmented localities. Furthermore, they indicate that church groups, which emphasise inclusivity in membership and the value of close personal relationships, are the groups upon which income inequality has the strongest negative impact, in terms of membership. In communities, heterogeneous for income, race or ethnicity, homophily may occur (McPherson & Smith-Levin 1987). That is some individuals who are averse to mixing with others different from themselves, will choose not to join in associations where there is little excludability and a high degree of interaction (Alesina & La Ferrara 2000). Or if they do join they will create social enclaves or roles for themselves which minimize their contact with others with whom they prefer not to engage.

A second and related study by the same researchers has considered how community characteristics influence how much people trust each other. Again using US data they reported that:

The strongest factors associated with low trust are:

- (i) A recent history of traumatic experience;
- (ii) Belonging to a group that historically felt discriminated against, such as minorities (blacks in particular) and, to a lesser extent women.
- (iii) Being economically unsuccessful in terms of income and education.
- (iv) Living in a socially mixed community and/or one with a high degree of income disparity'

They also concluded that religious beliefs do not significantly affect trust. (Alesina & La Ferrara 2002)

5.7 Concluding Comments on Putnam's and Related Work on Churches as Sources of Social Capital

Some empirical evidence suggests that churches are potentially important sources of social capital, as Putnam has understood it, in that they expose some members to opportunities for skill development (human capital), social network development, information acquisition, and the formation of trusting relationships, all of which have potential to be used in society more generally, beyond the boundaries of the church.

However a number of significant qualifications must be attached to this general statement. For instance churches which are hierarchically structured, where key resource and strategic decisions are taken remote from the locality where a particular church group is situated, are less productive of social capital, than churches with a more local and autonomous leadership. The situation of the Roman Catholic Church is illustrative of this. Again not all members of churches are equally placed to take advantage of the opportunities for the acquisition of civic

skill development and social capital acquisition that membership might potentially offer. Those who participate in the governance of a church are better placed in this respect, than those whose church membership is primarily expressed through attendance of worship services. Furthermore, those who participate in the governance of a church are likely to be already significantly advantaged through their prior possession of human and financial capital resources, and a higher level of education, when compared with those who do not.

Finally, Churches located in heterogeneous communities, racially and ethnically and where there are high levels of income inequality and social mistrust and significant pockets of extreme deprivation, are less well equipped to be significant sources of social capital and contribute to the rejuvenation of civic society. Paradoxically when these Churches are understood and understand themselves as sources of social capital they are likely to be least effective in those situations where contemporary policies suggest they are most needed! In contrast Churches situated in white ethnically homogenous communities, which are relatively prosperous with no great disparities in income, are much better equipped to be a form of capital and to participate positively in civic life in their neighbourhoods.

When we consider the implications of these studies for people with learning disabilities, the conclusions reached by Schwadel with respect to income stratification are potentially equally applicable, namely, that the churches may not provide an 'even playing field' for civic skill education and practice and social capital accumulation. In effect the access to and distribution of social capital within churches with respect to marginalised peoples mirrors the situation in society at large. Furthermore those people with learning disabilities living in

communities characterised by social fragmentation may be particularly at risk of exclusion.

CHAPTER 6

SOCIAL CAPITAL AVAILABLE TO INDIVIDUALS: FOUR CASE STUDIES AND QUALITATIVE ANALYSIS

6.1 Introduction

In the previous chapters we have reviewed the history and development of the concept of social capital and contemporary theories concerning its meaning and application. We have also considered the limited research bearing upon the availability of social capital to people with learning disabilities and the positive and negative consequences that may follow from understanding their social integration in these terms. We have also considered approaches to the measurement of social capital.

In Grootaert & Van Basterlaer (2002) and Lewandowski & Streich (2007) it is suggested that social capital can be understood dimensionally: vertically from a micro level to macro level and horizontally from cognitive to structural, a distinction that they suggest has considerable empirical implications.

The macro level of social capital refers to the institutional framework in which organisations operate and co-operate. The micro level refers to the potential value of horizontal organisations and social networks to local social and community development and the value they accrue to their members as a group. In addition, at the micro level social capital can also be understood at the

individual level, as the value accrued to individuals in virtue of their belonging to specific social groups and networks. It is this aspect that we are primarily exploring in this study. The studies that follow, therefore, are micro-analytic, studies which consider the social capital available to individuals and small groups of people with learning disabilities and their integration into the cultural and social life of the neighbourhoods in which they live. Four studies are reported.

6.2 Essential Life-Style Planning Process

Most of the data that has been gathered has come through the Essential Life-Style planning process. This process, also known as person-centred planning, is a core tool in the implementation of current social policies for people with learning disabilities (Newton & Horner 2004: 500-501). Person-centred planning is a process for identifying how someone lives, what changes they want to make in their lives and for developing a plan to make those changes happen (Smull 1996). Essentially its use marks a significant departure from block-treatment and case-management approaches to service provision in that it enables support to be structured around each individual's strengths, needs, choices and preferences. The person themselves and other key stake-holders in their support network are involved in the planning process, through which a comprehensive picture of each individual is assembled and out of which a life-style plan is developed.

6.2.1 Essential Life-Style Planning: Different Approaches

There are a number of different approaches to person-centred planning. The most commonly used are Personal Futures Planning, PATH (Planning Alternative Tomorrows with Hope), MAP (Making Action Plans) and Essential Life-Style Planning. In practice, elements of all these may be used within any given individual.

The approach to person-centred planning which forms the basis of the planning process used with the participants in this study, is Essential Life-Style Planning. This was specifically developed for people moving out of long-stay hospitals into community settings. Essential Life-Style Planning has a number of features in common with other approaches. Smull (1996) summarises the key elements in this way:

- It involves an ongoing process of asking and listening
- It is very detailed
- Uses methods of communication that are friendly to the focal person
- It is directed to improving the focal person's life now, but also a blueprint to support someone tomorrow
- Specifies day-to-day support required to help improve the person's life now, so that life will be better for them now and in the future
- Identifies what is and is not working in a person's life
- Involves a positive balance between choice and risk

One of the core aims of the process is to achieve a full and detailed understanding from the person and those who know her well of her present life.

Some of the key issues addressed are:

- What is a typical day life for the focal person
- What is a 'good' day like
- What is a 'bad' day like
- What is important to the focal person – this information is organised into three levels of priority under such headings as 'non-negotiable', 'strong preference' and 'things I enjoy or like/dislike'
- What needs to be known in order to support the person

- What needs to be known to change aspects of the person's life that do not make sense

6.3 Studies Undertaken

In the first study, the pattern of daily life of four individuals is presented based upon what they themselves have disclosed, and others who know them well have described, during the Essential Life-Style Planning process in which they have participated. These auto-biographical narratives give an account of their daily routines, expectations of life and what constitutes a 'good day' and a 'bad day' for them. Their hobbies and interests, what they do and do not enjoy, are also reported, together with information bearing upon social networks, their worries and concerns and how they see the future for themselves. We will use these narratives to search for evidence of social capital that may be available to them.

Second and subsequent studies will explore the levels of social capital available to a larger group of participants. The first of these studies will consider the extent to which they share the norms and values of a sample of non-disabled people who they know and who live in their neighbourhood. A second study considers their participation in the life of the community and their use of resources in the local community. The third study will look at their ego-centred friendship networks. Together these studies, although only in the nature of probes, give a more rounded picture of the life of these participants and their access to social capital. The theoretical framework informing these studies is based upon the necessity to move beyond medical/psychologically based models and socially constructed models of learning disability towards emphasising people with learning disabilities as active social agents who both influence and respond to the structures and processes around them (certainly at the micro-level), and whose

daily life and social relationships are important in their own right. Such a theoretical approach is taken for example in studies of the sociology of childhood (James 1993; James, Jenks & Prout 1998).

6.4 Participants & Setting

6.4.1 Participants

The participants in these studies were a group of 31 adults with a history of learning disabilities, who the researcher first met when they were patients in a hospital for people with learning disabilities, of which he was a Clinical Director. At that time the researcher had overall responsibility for the hospital closure programme and the re-settlement process, in which they took part.

All the participants had experienced institutional care for a significant part of their lives. The reasons for this were various. Some had a history of psychiatric problems in addition to their cognitive impairment. Others had histories of challenging behaviour, self-injurious behaviour and interpersonal aggression and others had epilepsy. Some had been institutionalised because of a breakdown of their family support networks and the absence of a community based alternative to these. All the participants met the criteria for learning disability in that they had significant cognitive impairments together with difficulties in social functioning and the performance of basic everyday living skills. (Foundation for People with Learning Disabilities 2001: 5).

At the time the study was undertaken the participants had been living in the community on average for ten years. In age they ranged from 32 years to 79 years with a mean age of 46 years.

Although the researcher had maintained contact with the participants over the years since they had been re-settled, agreement to approach them, to seek their consent to co-operate with this research, was negotiated with the company who are now responsible for their support. Consent was granted on the basis that anonymity and confidentiality was preserved and that each participant was free to withdraw from participating in the research at any stage. The research complies with the ethical guidelines of the British Psychological Society of which the researcher is an Associate Fellow and a Chartered Psychologist.

The researcher also attended Essential Life-Style Planning meetings on the same basis and archive material of such meetings was also made available for his use.

6.4.2 The Re-Settlement Process

The re-settlement process that is adopted in these circumstances is carefully planned. It involves the identification of appropriate housing, in co-operation with housing associations, and the management of public relations at an early stage of the process, since opposition from neighbours is often cited as a major obstacle to the development of community services. (Hudson-Allez & Barrett, 1996). Some attention is given to the design of the housing and such adaptations as may be needed. A major issue centres upon the staffing of the service, the numbers to be employed, their roles and responsibilities and the training and experience they might need. Their personal qualities will also be of importance. The people to be re-settled will need to be carefully prepared for the move which will be done on an individual basis, with appropriate resettlement plans prepared.

After the move has taken place one of the primary objectives will be to establish a rhythm of life based upon the choices those who have been re-settled have made. Seeking to build a network of friends and acquaintances will be part of this process. The process is fully described in a number of procedural manuals (e.g., Mansel; Felce; Jenkins; de Kock & Toogood 1987).

The participants in this study were re-settled into Liverpool broadly in line with this approach.

6.4.3 Residential Context

The participants were living in ordinary houses in the suburbs of Liverpool. The houses in which they lived were owned by a housing association of which the participants were tenants. Each tenant had a short-hold tenancy agreement, having all the rights and obligations which accompany such agreements. They paid rent to the housing association which they received through housing benefit.

As tenants they are responsible for the decoration and furnishing of their properties, but are supported by their support workers to do this. The housing association is responsible for the decoration and maintenance of the exterior and common parts of the property. They have a key to their flat and are free to come and go as they please. There are a few restrictions (e.g., with respect to pets), which are specified in the tenancy agreement.

The houses in which they live are large late 19th and early 20th century detached and terrace houses which have been converted into a number of single self-contained or partially self-contained living units. Each flat has a sitting room, bedroom, bathroom and kitchen. The houses have also some communal facilities, such as a common lounge, a dining area, a laundry facility and a coin-operated

telephone. The houses are adapted where necessary for residents with physical impairments. Some of the houses have facilities for support staff when they are required to sleep-in.

The houses were specifically identified and purchased during the re-settlement process so as to be situated in a populous neighbourhood within walking distance of shops and other public amenities. The houses are situated in the Old Swan and Broadgreen districts of Liverpool between 4 and 5 miles from the city centre and close to major bus routes. The location of the properties is such as to minimise geographical barriers to community integration.

6.4.4 Neighbourhood Context

The mid 1990s, the years during which the participants returned to Liverpool, were not the most favourable for the city, demographically, economically or socially. The population of Liverpool had and was experiencing a sharp decline due substantially to people moving out. Between 1951 and 1991 the population declined by 33% from 720,000 to 480,000. By 1987 the population had reduced again by a further 5% to 456,292 (Nevin et al, 2000). This trend is continuing but not quite so dramatically.

The loss of population was spatially unequal. The population loss has been focused on the inner core of the city with an overall decline of 8.3%, more localised falls in the inner city of up to 28.5% have been recorded.

Liverpool has experienced long-term, persistent social deprivation (General Synod of the Church of England, 1985) and was one of the cities visited in the context of the preparatory work for the Faith in the City report.

During the years the re-settlement took place, Liverpool had the highest score on the Index of Local Deprivation, meaning the city was ranked at that time by the Department of Employment, Transport and the Regions as being the most deprived in England. The City Council's anti-poverty strategy reported the following statistics in 2000:

- 37% of households claim income support
- 57% of households claim housing benefit or Council Tax relief
- 70% of Council homes and 55% of private sector homes are unsatisfactory because of disrepair
- 50% of all housing stock in the City is terraced

Studies have suggested that there is a high correlation between perceived quality of life and subjective well-being and area measures of urban deprivation (Burrows & Rhodes, 1998). Other research has suggested that urban areas where there are concentrations of poor residents will experience a continuing problem with poverty and will have under-developed economic and social networks (Wilson, 1987; Morris & Irwin, 1992; Perry, 1997).

Further studies suggest where there are inadequate social and community networks crime will increase (Perry, 1977; Gordon & Pantarzis, 1997). Farrington (1996) reported that major risk factors associated with youth crime include poverty and poor housing, living in deprived inner-city areas and low intelligence and low school attainment. Nevin et al (2000) reported that crime was perceived to be a 'highly significant issue' in Liverpool. These issues have considerable implications for re-settlement programmes because of their potential impact upon the quality of life those re-settled might experience.

It is, for instance, considered to be good practice to recruit support staff from the neighbourhoods into which the re-settlement is to take place. In that they are familiar with the neighbourhood themselves, they can more easily support the

integration of the users of the service, than might otherwise be the case. However, it is often difficult to recruit and maintain a trained and stable work-force from within neighbourhoods of high social deprivation and often staff are reluctant to travel to work into such neighbourhoods.

In-resettling vulnerable adults from institutions back into Liverpool, it was therefore essential that cognisance was taken of these issues in order that houses were not purchased in areas of significant deprivation as this may have inhibited successful community integration and contributed to social exclusion. (Allen, 2003) In consequence, housing was purchased in the Old Swan and Broadgreen districts of the city, which are situated on the eastern fringe of Liverpool bordering the Borough of Knowsley. This is where the participants now live. (Figure 1, Appendix II)

During the years that the participants were re-settled into Liverpool, that is in the early 1990s, the Old Swan and Broadgreen districts were two of the least deprived districts of the city. This is illustrated by statistics published by the Central Policy Unit of Liverpool City Council. In Table I (Appendix II) the area scores for various indices of deprivation based upon the 1991 census are given. The figures for Broadgreen and Old Swan are highlighted. In terms of unemployment for example, of the 33 wards of the city, 25 of them had higher levels of unemployment than Broadgreen district. In terms of the number of one-parent families, 24 districts had more one-parent families than Broadgreen. The figures for Old Swan district were 22 and 20 respectively. Other indices indicate similar trends.

Broadgreen had an overall deprivation rank of 21 (High deprivation = 1) and Old Swan a rank of 23 based upon the 1991 census. This relatively favourable

position persisted throughout the 90s and remains so today. Figures 2, 3 and 4 (Appendix II) illustrate the position with respect to poverty and social exclusion, crime and social cohesion and the overall quality of the environment and environmental infrastructure in the years 1997-1998 when the re-settlement process was complete. Figure 5 (Appendix II) indicates that the Old Swan and Broadgreen districts of the city are among the most popular districts in which to live in Liverpool. Many established families choose to move there particularly because of the quality of the schools available. In terms of civic life, both Broadgreen and Old Swan had significantly higher levels of turnout at local and national elections than other parts of the city and Nevin et al reported that in 2000 Old Swan had 122 facilities and amenities, this included retail outlets, cultural facilities, churches and pubs. Broadgreen district had 61 such facilities.

So it is important to emphasise that the participants were not re-settled into parts of Liverpool where there were significant social problems and community fragmentation. On the contrary, Broadgreen and Old Swan are well established and fairly stable communities with a strong community spirit. It was seen to be essential that the houses purchased were located in such neighbourhoods in order to improve the chances that they should evolve from being simply a place to live into homes, that is places in which they can feel 'at home' (Frances, 1998).

6.4.5 Support Context

The participants are supported to live their daily lives by support staff employed by a private company under contract to the social services department. Support workers from the company visit the participants on a daily basis. Some will sleep-in overnight. Each participant has personalised support arrangements

which are built around their ascertained needs and wishes. The mechanism for identifying these and designing the support arrangements is the Essential Life-Style Plan (Small & Sanderson, 2001; Bradley, 2004; Cambridge & Carnaby, 2005). The Essential Life-Style Plan is put together at meetings in which all the main stakeholders are present that is the participant, the participant's advocate, perhaps family members, the support provider and the local authority purchaser. The criteria for Essential Life-Style Planning and an example of the planning document used with the participants in this study is contained in Appendix I. At the meeting a detailed picture of the focal person's life is built up and their wishes or the changes they wish to make in their lives are identified. Objectives are then set and the support arrangements are put in place to achieve their implementation. Priorities are allocated to these and a date for a review is set when the process will occur again. The philosophy underpinning the Essential Life-Style Plan process is that articulated by John O'Brien, which we have previously discussed.

It should be emphasised that support staff are not there to 'care' for the users of the service, in the sense of providing personal or nursing care that would be available in residential homes. Rather their task is to maximise the abilities and independence of the people they support so as to enable them to achieve the choices they have made. Hence they are 'support workers' rather than 'care workers'. The distinction is important. The service is known as a 'supported living' service rather than a 'care' scheme.

It follows from this that particular attention is given to the training of such staff, to their attitudes and values such that they are committed to respecting and promoting the independence and the choices of the people they support.

The support for the participants is provided by a Liverpool based private company which has been involved in the provision of supported living services, supported employment services and employment training for people with learning disabilities for over 20 years. It is one of a number of companies that developed in the mid 1980s when services for people with learning disabilities and other client groups began to put out to private tender.

The company as with other such companies, is accredited and registered to provide services but has to compete to secure contracts. The quality of the services it operates is evaluated by an independent inspectorate, the Care Quality Commission against published minimum standards (Department of Health, 2003). Such services have to operate within a philosophical framework which is set out in the document Valuing People (Department of Health, 2001) which we have previously discussed.

The company's own philosophy is set out in its statement of purpose which is given below:

We believe that the people we support are the most important people in the arrangement and we try our best to listen to what people want us to do.

We use person-centred planning like Essential Life-Style Plans or other types of plan, to record what people say they want us to support them with and what is important to them.

We believe very strongly that every person who we support has a choice over the things that happen in their life. This includes things like where somebody lives, who they live with and what they do with their time. Most importantly, we believe that people should have a choice over what the support that we provide actually looks like. People should be able to choose the people who support them and how they want those people to do their job. The way we try to work is summed up in what we call our mission statement which talks about 'Enabling people with learning disabilities to live their lives to the full'.

The participants are then customers of the company and in a context of increased accountability and consumer activism; the providers of services must be seen to respond to individual needs and wishes. The company involved in the support of the participants is highly regarded in terms of the quality of its services and receives 'excellent' ratings from the Care Quality Commission.

6.4.6 Financial Context

As we have indicated, the tenants are in receipt of housing benefit which they pay to the landlord of their accommodation. The staff who support them are employed by the service company, who themselves are funded under contract with the local authority.

Finally, the participants themselves receive income support and disability living allowances which cover their day to day living costs. Some participants are also employed and receive additional remuneration from that source. There is however a limit to what they can earn. Above that limit their benefits would be put at risk. The participants have their own bank accounts and are supported to manage their own finances.

6.5 Study I – Auto-Biographical Narratives – Introduction

The researcher has attended at least one Essential Life-Style Planning meeting for each of the participants in the study. The quantity and quality of the information available varies considerably from person to person. Since the process commences with the person themselves, people who do not communicate very easily can be placed at a disadvantage. The planning process has then to depend upon sources of information provided by others, family and support staff,

circle of support; who know them well. Very little is known about some people who use services, particularly those with a long institutional history. What may be known, for instance information of a clinical nature, may tell us very little about who they actually are.

The four most comprehensive autobiographical statements produced by this process, from the participants in this study, are included in full in Appendix III. They are those of Frank, John, Muriel and Elizabeth. A qualitative content analysis of these narratives was undertaken with a view to exploring the participant's access to endogenous, exogenous and Bourdieusian social capital as we have described them. In particular four specific components of social capital will be considered:

a) Local Identity

Do participants communicate a sense of belonging to and identifying with the values and way of life of their neighbourhood and communities and do they feel at ease where they live?

b) Local Facilities

Do the participants use local resources and facilities in the community, what is their attitude toward them; to what extent are they available to them?

c) Community & Civic Engagement

To what extent are they engaged in local civic and community activities? Are they members, active participants in any community associations?

d) Social Networks

What access do they have to social networks? How durable and accessible are they and what do they provide? To what extent is trust in other people an aspect of their experience? Do these networks have added value for them?

6.5.1 Qualitative Analysis

Before we examine the narratives for evidence bearing upon these particular issues we will outline a conceptual framework which we will use to underpin our analysis. A concept which appears in the work of Anthony Giddens is that of 'locale' (Giddens, 1981 and 1984). 'Locale' has been used in a number of studies on the meaning of home or 'being at home' both sociological, anthropological, psychological and other literatures (Saunders & Williams, 1988, Mallett, 2004). Giddens has suggested that where things happen is part of the explanation of how and why they happen and why they happen the way they do. For Giddens then 'locale' refers to the special context for action. Our lives, he suggests follow 'time space paths' such that we 'know' in any given place or at any given time who we are likely to meet and how they and we will be expected to behave. So for Giddens the routines and reproduction of the social world through interaction, is achieved in contexts which make sure interaction is meaningful and predictable.

Saunders & Williams (1988) have suggested that the 'home' is a significant 'locale' as Giddens has defined it, in that it is the context within which 'basic forms of relations and social relations are constituted and reproduced' (82). Furthermore, Shelley Mallett suggests that 'the boundaries of home seemingly extend beyond its walls into neighbourhood, even the suburb, town or city' (Mallett 2004: 63).

Sigurd Bergman has recently suggested that making oneself at home is a crucial human skill (Bergman 2008) and it, together with the process of urbanisation more generally, can be considered as a religious quest. There is he suggests a strong link between the material and spiritual dimensions of human

culture. Elaine Graham and Stephen Lowe in their recent book What Makes a Good City (Graham & Lowe 2009) reflect upon these ideas. They write:

Human beings are not simply content to build dwellings that offer physical shelter and security; their needs transcend material survival with a deep instinct to settle in places that seem especially sacred or meaningful, ... (60)

We have suggested above that one of the indicators of a successful outcome to institutional re-settlement programmes is not simply that those re-settled are geographically re-located into neighbourhoods and live in ordinary domestic dwelling houses, but that they are 'at home' in their community.

Using Giddens terminology, therefore we seek to establish from the narratives whether the houses and neighbourhoods into which these participants have been re-settled have become 'locales' for them. Are they 'at home?' Are these sources of meaning for them? Is there evidence of 'space time' paths, patterns of relationships and actions, predictable and reproduced over time? Do these enable or facilitate access to social capital?

a) Local Identity

Each of the four narratives suggests that the houses in which the narrators live have become 'homes' for them. There are predictable, well-established routines of daily living over which they exercise some choice.

For example, Muriel says:

"On Monday I like to be called at 7.30 am for college. On Tuesday, Wednesday and Thursday I like to be called at 7.00 am for work".

Frank says that after breakfast:

"I like to go into the lounge and relax for a short while until it's time to go to the betting shop which opens at 10.00 am. I often ask staff the time so I will not be late".

However, these routines can be changed at their discretion, and there is clearly a sense that on the whole they are relaxed and at ease in the home environment.

Frank says:

"On a good day I like to have a 'lie in' in the morning and get up around 9.30 am. Go down for my breakfast and look forward to the impending day, especially Tuesdays. I enjoy a nice long soak in the bath which relaxes me very much".

Muriel says that when she is not going to work or college:

"I like to have a lie in, getting up when I want to, this can be at any time between 7.00 and 10.00 am, sometimes it could even be later depending if I have a really late night".

There is also a sense of territoriality and ownership in the home environment which is intimately bound up with the sense of routine. For instance, John says that at breakfast:

"I go into the dining room. I always sit in my favourite chair by the kitchen door".

Elizabeth says that in the evening:

"We usually have tea, we all have our own place at the table, and mine is at the top of the table in front of the patio windows".

and Frank says that:

"I have my favourite place and chair at the table".

There is also an awareness of certain boundaries or rules within the home that should not be broken and that privacy is important. Muriel says for instance:

"I like to run my own bath. I know exactly how I like it. I take clean towels and lock the door after me as I do not like anyone coming into the bathroom while I am having a bath".

John says that:

"I like peace and quiet and if other residents tend to bang and shout I will become very agitated and sometimes aggressive".

The narratives also indicate some sense of the social life in the homes in which they live, their dependency upon the staff who support them and their relationships with each other. Elizabeth for instance says that after the evening meal:

"... we talk about what we have done during the day, how work was and if we are going out tonight".

John says:

"That after tea I will talk to Frank who lives with me".

There is also evidence of turn-taking and co-operation among the residents.

Elizabeth says:

"After tea I ask who is washing up, if it's my turn I will fill the bowl with hot water and washing-up liquid and I wash the plates and forks, the pots and pans and I wipe all the surfaces".

There is also a sense of pride and concern to keep the house they share clean and tidy. John says:

"I like things to be clean and will empty bins and throw out bin bags".

and Elizabeth says:

"I like to buy ornaments for my room".

There are of course 'bad days' as well as 'good days' and life together can sometimes involve arguments and tension. John says for instance:

"Sometimes I get very upset when I am asked to do something I do not want to do ..."

and Frank says:

“A bad day for me is when I get up and go downstairs for my breakfast and John my colleague who I live with starts ‘winding me up’ by telling me I can’t go to the betting shop and that I have been telling tales on him or staff. I get so worked up I start shouting and yelling at him, threaten him with violence and call him a liar”.

However, these incidents are the exception rather than the rule and the narrative conveys on the whole a sense of a settled way of life and interpersonal relationships characterised by trust and mutual acceptance and support. Elizabeth says:

“If it is my turn to help prepare the tea and lay the table, I will with the help of staff, and I ask Muriel and Margaret what they want for their tea ... I get the plates out of the cupboard and help to serve the meal and when it is ready, I tell Muriel and Margaret to sit at the table because we are bringing it in”.

Sanders & Williams (1988) have suggested that ‘home’ is often distinguished from neighbourhood by clear boundaries – e.g., front doors, garden gates and that life in the ‘home’ is associated with different rules and practices than life outside. The distinction between home and neighbourhood – inside and outside – does not figure prominently in these narratives. Frank mentions that he has his own ‘key for the front door’ other than that there is no clear indication of boundaries and the narratives convey the sense that the participants are as much at ease in their neighbourhood ‘locale’ as they are at home and there is a similar sense of ownership in both settings. Frank says:

“I like to saunter to the betting shop, sit on my favourite seat, have a bet and watch the horse racing and greyhound racing on the many televisions they have there”.

“I really enjoy going to the betting shop every day. I also look forward very much to attending my social club, ie, the Montrose ... I also enjoy going to St Margaret’s Social Club ... as I am an avid Liverpool supporter I look forward very much going to my local pub to watch them play on the live screen”.

John says:

"I like to go out and sing along to music played on the Jukebox in the local pub which is The George on Green Lane. I like to sing along with groups on stage when I visit the local dance halls".

and Elizabeth says:

"We go to the Brook pub, we usually walk there, it takes about 10 minutes. I like to sit where I can see what is going on and I like to listen to the Jukebox".

However, although the narratives are clear about where the participants spend their working and leisure time, no clear sense of neighbourhood as an idea emerges. There are established routines outside the house as there are within it, but no sense that these reflect a culture or a local identity. The localities in which they live are never named and no comments about the characteristics or quality of their neighbourhood environment are made.

In terms of safety, on the whole the narratives convey that the participants feel safe in the localities in which they live. However John says:

"I do not like being outside when kids are about because they skit and shout at me ... because I have to rely on other people to do my finances I am at risk of possible exploitation".

and Muriel says:

"I don't like going out at night".

There is also a feeling of vulnerability arising out of their impairments. Frank says:

"I go to get my walking stick. It is essential I use my walking stick for support as I am sometimes unsteady on my feet. I prefer to go to the betting shop on my own, but if the weather is very windy I will ask someone to come with me for support".

and John says:

"I am apprehensive of crossing roads, wet floors and walking to the shops. I cannot walk unless I have my walking stick available to me all the time".

and Muriel says:

"We have got to get two buses and I need help getting on and off them. Staff will assist me to get on by giving me their arm to lean on; they do the same when I get off. I will ask the driver when I get on the bus if he will wait until I sit down before he drives off ... I panic if the bus moves while I am still standing, I freeze, scream and shout because I am frightened".

So it is at home, particularly in their own rooms, that the participants appear to feel most secure and at ease. John says:

"When I arrive home I go straight to my room and take my coat off. I put my coat on the radiator to keep it warm".

and Elizabeth says:

"When I get home ... I go to my room, put my bags away, hang my coat up and put my slippers on. I then come down, make myself a cup of tea and have some cake and biscuits. I then take them up to my room and have them while I am doing my jigsaw puzzle and listening to my radio".

and Frank says:

"After my dinner ... I go straight to my bedroom (I do this almost every day) to watch my television and have a 'cat nap' for a couple of hours".

The house then serves both as a haven and a threshold for them. As a haven it provides privacy, personal space and security, a place that is theirs where they can relax and be themselves. The house is also a base from which they can venture into a wider world. But this world is very limited. There is a preoccupation with routine, short-term goals and immediate satisfaction and there is little sense of desire to move beyond the familiarity of their immediate life and circumstances. The awareness of a wider world comes largely from watching television and

listening to radio. Frank reads the Daily Mirror but only for the horse racing and football results.

b) Local Facilities

This picture is reinforced when we consider the participants use of local facilities. Across the four narratives, 13 specific facilities are named. These include supermarkets and shops, pubs and social clubs, a bank, a college and a training centre. With the exception of the college and training centre, all these locations are associated with financial transactions, in one form or another. Again, many of these are within walking distance to where they live. Given what we know about the resources in Broadgreen and Old Swan, this is but a small percentage of what is potentially available for their use. In terms of leisure pursuits there appears to be an excessive dependence upon pubs and social clubs, where alcohol is served. As we have noted above, many interests and hobbies that the participants have are satisfied through watching television or listening to the radio.

Muriel says:

"I enjoy listening to music – Tom Jones and Cliff Richard. I also like watching chat shows and The Bill on TV".

Frank says:

"As I am an avid Liverpool supporter I look forward to going to my local pub and watch them play on the live screen. I get involved and shout and cheer while I am watching. I hope someday I can go and watch a match at Anfield but I am wary of large crowds".

The reasons for their restricted patterns of life are not complex but their relative poverty is certainly one of them, since the amounts of money available to them are very small. Muriel says:

"I sit down with staff while we fill in my Halifax withdrawal form. I get £5.00 out three times a week on a Monday, Tuesday and Friday".

"On Thursday I go over to the wages office to collect my wage. I get £15.00".

"We usually walk to the pub, it takes about 10 minutes. I sometimes have half a lager or a Coke or a Martini and lemonade, but not often because we can't afford it, it's gone up too dear and we don't have enough money ... on the way home we stop off at the chippy and get a chippy supper. I usually have chips, sometimes if I can afford it, I will get fish as well".

Not only does their income influence the range of activities they can afford to experience, it also has a bearing upon their diet.

c) Community & Civic Engagement

Although as we have seen the participants use a range of community facilities in their role as customers, there is simply no evidence that they are engaged in civic and community life beyond this. Frank's interest in Liverpool Football Club and his membership of the Montrose Club express elements of community engagement, but Frank never attends football matches, the cost is prohibitive, and doesn't appear to share his interest with other fans. Similarly the Montrose Club is a commercial entity in that it charges a membership fee and offers food, drink and entertainment.

In conversations the participants have with one another and their support staff the topics are largely centred upon themselves, their interests, what has happened during the day and their families. Muriel says:

"When I get home ... I will make myself a cup of tea and have a cigarette, relax in my chair and talk about what I have done during the day. I also like to talk about my past, my parents, Billy and Mr Imerson. I like to tell a good tale".

and Elizabeth says:

"When I get home I say I've been to work, I mopped the floor, cleaned the toilets, washed the dishes and emptied the bins. I like to tell everyone how hard I worked and get praised for doing my job well".

and Muriel says that in the evening:

"We all usually talk about our day, where we have been, what we have done and what we want to do that night".

There is no sense that the participants are experiencing a community and civic life as Putnam has described it. Even in the activities they do experience there is often the sense that they are spectators only.

d) Social Networks

The participants go to great lengths to care for their personal appearance and present a positive image to others. They clearly display a desire to please.

For example, Muriel says:

"If it is Friday night and we are going to the Brook Pub, I will put my clean clothes on and clean my teeth".

and Elizabeth says:

"If we are going out, I will, with staff. Help choose what I want to wear. When I have chosen what I want to wear I will have a bath ... when I am dressed I will spray on some perfume, it will be either Musk or Je Riviens. I will put my shoes on, collect my bag and take my coat downstairs ... I then have my hair blown and put on my earrings and necklace. I have to be told I look nice".

'Going out', meeting others is the high point of the week and participants describe being sociable and friendly as among their best qualities. So Frank says:

"My best qualities are I am very sociable and friendly. I feel I get on with staff and friends. I have a sense of humour and I like to tell jokes".

and John says:

"My best qualities I feel I have are that I can be very friendly and chatty ... I am very sociable when I am out and get on with most people".

and Muriel lists among her good qualities:

"I have a good sense of humour ... I am good at forming relationships ... I am good company ... I get on well with the neighbours".

It is clear that the participants make strenuous efforts to mix with others and present a positive self image. For instance John says:

"I like to go out and sing along to music played on the Jukebox in the local pub ... I will have a few pints and chat away mainly about music and the kind of music I like to listen to ..."

and Frank says:

"I also look forward very much to attending my social clubs, ie, the Montrose, where I am able to meet new friends, dance and have a meal and enjoy the music (I usually talk about this for days afterwards). The part I like most is meeting new female friends. I really enjoy the company of the opposite sex and one day hope to get married".

As we have noted above, most of the places they visit are associated with financial transactions, similarly some of the contacts they make are also made through such transactions. For instance John says:

"I like to go to the market on Saturday afternoon ... I will talk to the man at the stall talking about the kinds of music I like and what I would like to buy".

and Frank says:

"When I arrive at the betting shop I say hello to all my friends. I like to be sociable. I have met many friends in the betting shop including the staff ... I have difficulty in writing out the horses' names on the betting slips so I copy them on the paper. After I have written my bets out I go to the counter to put them on. I always go to one particular staff behind the counter (Sheila) because she is my favourite member of staff".

The sociologist, George Homans has suggested that frequent economic interactions among the same individuals gives rise to 'friendliness' and satisfaction from friendliness motivates further interaction socially as well as economically (Homans, 1950). This describes precisely what is happening in these encounters in that there is evidence of 'friendliness' but little evidence of friendship. The repeated interactions that the participants are obviously experiencing are not developing into relationships which extend beyond the context in which the contacts are initially made. So many of the people they meet remain anonymous. In terms of relationships that provide support and friendship these are primarily with other people with learning disabilities, staff who support them and some family members.

6.6 Conclusions

One striking feature of the lives that are disclosed through these narratives is that other than family members or other people with learning disabilities, those who are named as friends and acquaintances become so through commercial transactions, they are people who work in establishments where the participants are customers or they are support staff who are paid to care for them. There is nothing durable about these relationships. They do not extend outside the context in which the transaction takes place. In respect of support staff, turnover is very high in these services and contact rarely persists after a staff member moves on.

However trust is clearly an element in some of the relationships that they experience. Eric Uslaner has described having confidence in people we know as 'strategic trust' (Uslaner, 2002: 4) and there is evidence of this among the

participants, particularly in those situations where they have common interests with others. Frank says:

“Also I enjoy discussing racing with my friends I have there. When my horse is running on television, I get excited and cheer. When it wins I tell my friends in there that I have won. I then go down and collect my winnings from Sheila, my favourite staff member”.

Frank whose ability to understand and use money is limited, has an implicit understanding it seems that staff in the betting shop will fulfil their commitments to him, that they are trustworthy. This feeling of trust is associated for Frank with the bonding he obviously experiences with others in the betting shop that he knows and who share a common interest with him.

There is also evidence in the narratives of the other variety of trust that Uslaner identifies that is trust in strangers (2002: 4). Again this is frequently manifested in the course of financial transactions, where the participant's knowledge and skill is limited. John for instance is specifically aware of the risks involved.

“Because I have to rely on other people, ie, staff, to do my finances, I am at risk of possible exploitation”.

Placing trust in strangers also appeared in other situations. Muriel says for example:

“I will ask the driver when I get on the bus if he will wait until I sit down before he moves off. I panic if the bus moves while I am still standing”.

and John has no hesitation in talking to strangers when he is out on Saturday afternoon:

“I like to go out to the market on a Saturday afternoon. I say hello to passers by, I also say sorry if I am in anyone's way. I will talk to the man on the staff talking about the kind of music I like and what I would like to buy”.

Uslaner suggests that trusting strangers is indicative of an optimistic view of the world (2002: 4) and this seems to be reflected in the narratives in that the participants on the whole have a positive view of themselves and of their world and are largely unaware of the many disadvantages they do experience. They feel safe in the neighbourhood in which they live, but their perceptions may be illusory.

However, these connections can best be described as alliances in many instances, which are made for specific practical frequently financial objectives of limited duration. Whilst the opportunity permits there is practical support made available, but when the goal is achieved nothing else is involved. Help is re-active rather than pro-active. Although in the situation of the participants whose narratives we have considered there appear to be good feelings between the two groups, the supporter and the supported, however the support given can be very practically orientated and have quite explicit and stringent boundaries. When the goals are achieved there may be a parting of the ways. Such rules are not often understood by the participants who may expect more from an alliance than the other can or is prepared to give. They are trusting in others but may not be trusted in by others to the same extent. They may wish to offer friendships and even support to others but this is not appreciated or accepted. There is therefore no true mutual co-operation for shared objectives. Hence these encounters cannot be described as a source of social capital. Such shared knowledge, such solidarity as they may experience, is with each other that is other people with learning disabilities.

In any discussion of social capital it is therefore essential to consider not just the existence of a relationship but how individuals actually relate to each other

and the values which underpin and organise their connections. In order for the co-ordination of behaviour to occur parties to a relationship must have reasonable expectations regarding what others will do. Thus we may have reasonable expectations that a friend will help in times of difficulty, based upon past experiences. However with many of the persons whom the participants in this study perceive as 'friends' their relationships are asymmetrical in terms of knowledge and power. Support workers and the management structures in which they work may have professional and technical knowledge which the participants are unlikely possess similarly with others, shop keepers, bus drivers, staff in betting shops. In all these relationships the participants have to trust that others will follow formal and informal rules in their relationships with them, rules which they themselves may be unable to articulate or comprehend. In this respect people with learning disabilities are not unique, since we all extend our trust to others because of the roles they occupy. However with people with learning disabilities this situation is more generalised and the asymmetry is more profound.

So here are a group of people who are endeavouring to be good citizens to live a 'normal' life, in an ordinary urban neighbourhood, making choices how to live their lives, but at the same time they appear to have little power or influence over the direction of their lives, to be structurally disengaged from local civic and community life and have no relationships with others in the community based on mutual support or a shared understanding of community norms and values. Nor is there any sense that the community is reaching out to them to involve them in its life. It might be concluded that they are in the community but do not belong. Hence they are significantly deprived of both endogenous and exogenous social capital.

In the next studies we will explore further the issues raised in this qualitative analysis with a larger group of participants using quantitative approaches.

CHAPTER 7

QUANTITATIVE STUDIES OF SOCIAL CAPITAL

7.1 Study I: A Study of Shared Values: Introduction

The first of these quantitative studies briefly introduced in the previous chapter consider the extent to which the participants in the study share a common understanding of what it means to live 'the good life'. The aim of the study is to identify those aspects of life which the participants with learning difficulties felt were most relevant to living a happy and successful life and to ascertain the extent to which their views are shared by, are similar to those of a sample of non-disabled people, with whom they have frequent contact, and who live in the same neighbourhood.

The participants are being supported to become integrated into the cultural processes of their local community. Social capital theory suggests that integrated communities facilitate the formation of social capital through social networks and other aspects of market mechanisms, interpersonal relationships and property relationships. Furthermore, personal identity and a sense of self are constituted in relationship to the things people value (Schweiker & Matthews 2004: 2). If the participants are integrated into the cultural and social processes of their community then we might anticipate that they will among other things share a

common understanding with others, of the life-areas thought to be essential to personal happiness and well being, shared values, norms and goals. What in effect, is important to living a good life?

Several population studies, in a variety of contexts, have shown that the life-areas thought to be essential to personal happiness and well-being were almost always relationships and health. These of course are issues of a personal nature. Matters of a progressively non-personal nature were seen to be less important (Ryft 1989).

In the course of the disabled participant's day to day life the procedure used to establish their views and wishes is the Essential Life-Style Plan, which is completed on a person by person basis and which we have already described and discussed in detail (Chapter 6). In this study however we consider the views of the participants as a group, to ascertain whether there was a consensus between them on these matters. Furthermore, since we also incorporated a non-disabled comparison group within the study, who live in the same neighbourhood and who of course do not participate in an Essential Life-Style planning process, it was necessary to devise a questionnaire and interview procedure which could be used with both groups of participants. This process of designing this procedure will be described below.

7.2 Questionnaire Design

The validity and utility of ascertaining the opinions, the subjective preferences of people with learning disabilities, particularly with respect to issues pertaining to 'quality of life' has generated some controversy in the literature (Cummins 1997; Ager & Hatton 1999; Cummins 2001; Hatton & Ager 2002;

Cummins 2002). Edgerton, for example has suggested that the subjective components of quality of life have been shown to be relatively unchanged across time, despite changes in objective life circumstances. This he suggests implies that some people are inherently happier than others, even when objective circumstances are poor. In effect the more objective indicators of the quality of a person's existence are not necessarily a good indicator about how they feel about life (Edgerton 1996).

In order to determine the variables to be included in the proposed questionnaire a survey of some existing strategies used for assessing perceived quality of life or subjective well-being was undertaken, building upon the recent and comprehensive review undertaken by Cummins. (1997) On the basis of this review a number of variables were identified. Tables 3 and 4 illustrate some representative studies and the factors they include.

Flanagan (1978)	Baker & Intagliata (1991)	Hughes, Hwang et al (1995)	Halpern (1993)
Relations with friends	Friends	Social relationships and interaction	Personal relationships and social networks
Relations with spouse	Relationship with family		
Health and personal safety	Health	Physical well being	Physical and mental health
Job	Job/day programme	Employment	Vocation, career, employment
Material well being and financial security	Economic situation	Material well being	Financial security
Socialising	What you do in the community for fun	Community integration	Mobility and community access
Observational/participatory recreational activities	Spare time	Recreation and leisure	Leisure and recreation
Activities related to helping or encouraging other people	Get on with others	Social acceptance, social status and ecological fit	Social responsibility
Having children	Housing	Residential environment	Lodging
Intellectual development	Neighbourhood	Personal competence, community adjustment and independent living skills	Educational attainment
Personal development and understanding	People you live with	Personal development	Spiritual fulfilment
Creativity and personal expression	Services and facilities	Support services received	Safety
Activities related to local and national government	Where you live now compared with state hospital	Civic responsibility	Citizenship
	Clothes	Self-determination, autonomy, and personal choice	Clothing
	Food	Normalisation	Food
	Positive affect	Psychological well being and personal satisfaction	Happiness
	Negative affect	Individual and social demographic indicators	Satisfaction
			Sense of general well being

TABLE 3: FACTORS INCLUDED IN QUALITY OF LIFE MODELS

There is a considerable overlap between these studies despite some differences in terminology. For example, some research used the inclusive term 'family' whereas others were more specific using 'spouse' or 'having children'.

However, in order to make the questionnaires as user friendly as possible the most inclusive and frequently used items are usually selected. In this study the final list comprised eight items which are listed below:

House	Money
Family	Leisure
Friends	Health
Job	Education/Learning things

Since the aim of the study was to enable the participants to arrange these items into an order of importance for them, consideration was then given to identifying the most appropriate method of achieving this.

7.3 Methodological Issues

Conducting research with people who have a learning disability by way of interview, raises a number of technical issues over and above those encountered in research and other populations. A number of recent studies and reviews have considered this issue in some depth (Perry 2004). Heal & Sigelman (1990) have discussed these issues specifically in the context of quality of life research.

In identifying and designing the approach to be adopted in this study a number of issues were taken into consideration.

The first difficulty addressed was that of eliciting a response to the questions. Levels of responsiveness vary according to the type of questions asked. Sigelman, Werner & Schoewrock (1982) found that the highest levels of responsiveness were achieved with Yes/No questions that required a choice between two pictures. Over 80% of the people studied in the research were able to answer questions presented in this format. This compared with 66% to 72% responsiveness for either/or questions. Lowest responsiveness was for open ended questions and verbal multiple choice questions. Here only 50% of their participants were able to respond. In general, levels of responsiveness are positively correlated with levels of intellectual functioning (Sigelman et al 1980, Sigelman et al 1981), people with mild levels of intellectual disability being able to answer many types of simple questions.

A second issue, is the reliability of the responses that are made. Sigelman et al (1981) have examined test/re-test reliability in their work. Yes/No questions which had a high response rate were also found to be reliable 85.2% of the time. However the figure is not as encouraging as it might first appear. There is generally a tendency for people to agree with or say yes to questions. However, it

presents a particular problem when interviewing people with learning disabilities. Sigelman et al (1981) notes that some past research may have been flawed because of this.

They further suggest that acquiescence is more common among the learning disabled population than in the general population. In that they found inconsistencies due to acquiescence to be present at rates of 39% - 51% in the people they interviewed. They also reported a moderate negative correlation between acquiescence and levels of intellectual functioning. These authors therefore advise against using Yes/No type questions.

Hence, although responses may be consistent over time they do not necessarily represent the respondent's true feelings. For other types of questions, the reliability is lower, open-ended questions being particularly unreliable and so highly unsuitable for use with people who have learning disabilities (Sigelman et al 1982).

The reliability of responses can also be ascertained by comparing them with the data from other informants. This comparison was made by Budd et al (1981) and reported in Heal & Sigelman (1990). Budd et al found there was only an agreement of 52% for Yes/No questions and 60% for open-ended questions. This does not necessarily mean that it is the respondent who is giving incorrect information. However the pattern of responding indicated that the source of the differences arose from the learning disabled respondents tending to agree with the questions asked.

Systematic biases were also found with either/or type questions. Here, respondents tend to be biased towards picking the second option irrespective of its meaning or accuracy. However, when picture choice questions were used, there

was no such tendency, so picture choice questions are potentially a more reliable method. However, where the respondents had to choose from a set of faces ranging from happy to sad they were found to be highly unreliable. The researchers recommended that this approach should not be used since face recognition presents particular difficulties for some people with learning disabilities. (Lopez et al 2004)

It would appear that problems encountered when interviewing learning disabled people make the prospect of designing an assessment strategy which will produce valid results seem rather bleak. However, it is also unacceptable to ignore what people have to say about themselves. So the approach that has been taken here is to design a strategy which minimises the problems we have identified whilst recognising that such difficulties do exist.

Based on the evidence discussed above, the optimal format in terms of responsiveness and reliability would appear to be to use either/or questions supported by pictures. This method which is widely used in research was, chosen here and was used for assessing the relative importance of each of the factors identified above.

The length of a questionnaire is also a variable to be considered. It would be possible to add more questions than were actually used, both to check reliability and to obtain more data. However, this would have increased the risk of sacrificing reliability as the respondents may have become fatigued. The questionnaire was therefore designed to be kept as short as possible.

A picture representing each of the eight domains was chosen (see Appendix IV). The method of pair wise comparison was used (David 1988). Pictures were to be presented to the participants two at a time, so that each

picture was matched against each of the others. Participants were asked to pick the one of the pair which they considered the most important. They were asked, for example, *'this is your house (show picture) and this is your family (show picture). Which is more important to you?'* To get a ranked order from this, the number of times each domain was selected was counted. The domain which was selected the highest number of times was taken to be the most important to the person. Therefore, an order of importance of the eight domains was derived without requiring the participants to perform the cognitively more demanding task of considering all eight simultaneously. These pairings generated a total of 28 questions. The questions were placed in random order. The questions were organised so that each domain as far as possible appeared equally in first or second place to avoid any systematic bias. As we have discussed, reliability is clearly a major issue with this type of research. To gain some measure of the reliability of the responses given, eight questions were repeated with the items in reverse order. This gave a total of thirty six questions.

It is clear that this method of assessing the importance of the various aspects of quality of life is not entirely adequate in that it does not provide any overall indication of importance. For example, an item might come out as being the most important out of the eight selected, but still be considered as fairly unimportant overall by the individual if other more significant issues had been addressed. To assess this it would be necessary to ask participants to rate each item on an extended scale for their importance. This however would have excluded many of the less able participants since it would require a much higher level of cognitive ability, than the task which was actually used. The same questionnaire was administered to the comparison group.

7.4 Control Group

A control group of eighteen support staff, who volunteered to take part in the study, were also interviewed. This was to ascertain whether there were differences between the participants and members of the general population on the importance ratings. All these staff lived in Liverpool or neighbouring borough of Knowsley. They ranged in age between 20 and 50 years. There were both male and female staff.

7.5 Results

Of the 31 participants interviewed 25 were able to respond to all questions.

7.5.1 Reliability

Eight questions were repeated with the pairs presented in reverse order of presentation. A reliable respondent will select the same variables most important each time, irrespective of order.

For the participants, the mean score for reliability was 5.28 (from a possible 8), SD = 1.77, Min = 1, Max = 8. A sign test indicated that these reliability levels were significantly above 4 (the expected mean for random answers): N + = 17, N - = 3 with a critical value of 7.

For the comparison group, mean score for reliability = 7.22, SD = .94, Min = 5, Max = 8. A sign test indicated that these scores were also significantly reliable as every group member was above the expected comparison score.

7.6 Analysis

7.6.1 Participants

Mean scores for the ratings of importance are shown in Table 5 Rank orders for the ratings, are shown in Table 6. For the participants the highest score was for 'house'. The lowest mean score was for 'learning things'. A 1 x 8 repeated measure ANOVA was calculated for the participants' scores for each variable. There was a significant difference between variables ($n = 25$, $df = 7$, $F = 2.08$, $p = 0.048$). On calculating the critical differences for the studentised range statistics ($q = 1.66$) using tables in Howell (1992) it emerged that both 'house' and 'money' were rated significantly more important than 'learning things' by the group as a whole. There were no other significant differences. This suggests that in terms of this measure, this is a heterogeneous group. The participants were not generally in agreement in what they considered to be important.

7.6.2 Control Group

The comparison group had the highest mean score for the factor 'health', and a lowest mean score for 'leisure'. A 1 x 8 repeated measures ANOVA, for the comparison ratings produced many more significant differences ($n = 18$, $df = 7$, $f = 11.72$, $p = 0.001$). The studentised statistic ($q = 1.878$) showed that 'health' was more important than 'leisure', 'house', 'money', 'job' and 'learning things'. Family was more important than 'leisure', 'money' and 'job'. Friends were more important than 'leisure', 'house' and 'money'.

In terms of this study the control group were more homogenous in their choices. The results of both groups are given in the tables below.

	PARTICIPANTS	CONTROLS
HEALTH	3.40	5.78*
FAMILY	3.59	5.34*
FRIENDS	3.51	4.69
HOUSE	4.20	1.93*
JOB/DAY CENTRE	3.52	2.88
LEISURE	3.34	1.66*
MONEY	3.95	2.86*
LEARNING THINGS	2.08	3.50*

TABLE 5: MEAN RATINGS OF IMPORTANCE FOR VARIABLES

Scale = 1 – 8 where 8 = Highest importance

*= Significant difference from participants rating

	PARTICIPANTS	CONTROLS
1.	HOUSE	HEALTH
2.	MONEY	FAMILY
3.	JOB/DAY CENTRE	FRIENDS
4.	FAMILY	LEARNING THINGS
5.	FRIENDS	JOB
6.	HEALTH	MONEY
7.	LEISURE	HOUSE
8.	LEARNING THINGS	LEISURE

TABLE 6: RANK ORDER OF RATINGS

From most important to least important

Participants and controls compared 1 = Most important

7.7 Comments

As we have stated previously general population studies suggest that relationships and health are frequently the quality of life areas that are thought to be most important when questions regarding the meaning of life are asked. The rank order of ratings of the comparison sample in this study corresponds to this,

suggesting that it is representative of the general population in this respect. The measure of agreement within the groups is also high.

The preferences expressed by the participant group are significantly different. Family and friends and health are placed in the middle to lower rankings, whereas money and home are high in their rankings. The degree of consensus within the group is also lower than that in the comparison group. This might suggest that social well being emotional well being and intimacy are valued less in this group than physical security and financial well being.

Looking for personal and environmental factors that might be held to be accountable for this, a number of possibilities suggest themselves. Although the participants here lived in the same neighbourhood alongside the staff who support them often for many years, the two groups are in some respect living different parallel lives. The sharing, the interaction between them, only touches on superficial matters, what really matters to both groups is significantly different. A second and related point is that the participants we may hypothesise have a history of relationships of a frequent and temporary nature, lacking emotional depth. There is an absence of long-term and stable sources of support and perhaps in some circumstances there has been a history of abuse. Hence material possessions, a place to live in that is theirs and financial security are more valued than relationships.

7.8 Study 2: Community Participation and Use of Resources

7.8.1 Introduction and Review of Research

Community participation for purposes of this study is understood to involve the use of neighbourhood resources and facilities. The presence of people with

learning disabilities in community settings and their participation in community based activities are often seen as the foundation for their true social integration (Janssen et al 1989; Emerson & Hatton 1994; Atkinson & Ward 1986). In a longitudinal study Bell & Schoenrock 1981 found that the level of social skills people with learning disabilities possessed was related to community participation. Fleming & Stenfert-Kroese (1990) reported that the least able individuals in their study, those having limited speech and occasional challenging behaviours, experienced a much narrower range of less demanding community facilities less frequently than more able individuals, who could go out independently. These studies suggest that both the range and frequency of community participation are associated with levels of adaptive and maladaptive behaviour. Other studies have noted the relationship between severe intellectual disability and lower levels of involvement in the community (de Kock et al 1988; Birenbaum & Re 1979; Moore, Butler & Bjaanes 1976; Bjaanes & Butler 1974). With regard to the presence in the community of learning disabled individuals, research suggests that this is relatively superficial and infrequent (Donnelly et al 1996; Maaskant et al 1993; Lord & Pedlar 1991; Fleming & Stenfert-Kroese 1990; Stanley & Roy 1988 and Donegan & Potts 1988). And when it does occur it often involves the use of amenities that allow for little contact with 'ordinary' members of the community (Lowe & de Pavia 1991; Saxby et al 1986). Finally, as Atkinson & Ward (1986) emphasise, being in the community in a physical sense and even using community facilities is not the same as being part of the community in the sense of belonging. They go on to say that the objective of ordinary life for individuals with learning disabilities should be to 'help them use local facilities, to get to know local traders and to make other social contacts and relationships in the area. Then, with time,

they may become part of the web of social networks that make up their community and a sense of belonging may occur (Atkinson & Ward 1986: 1). Studies suggest that this has yet to take place.

A study reported by Rapley & Beyer (1996) is illustrative of results reported by other studies. This study considered the extent to which a group of adults with learning disabilities (n = 14) participated in the life of their community. The authors conclude:

The majority of service users were reported to have no social contact with non-disabled people; only two spent time with at least one person with an intellectual disability who was not a member of staff. These contacts appeared to be primarily functional, being with a local shop-keeper and a hairdresser, although one person reported 'having a chat every other day' with a next door neighbour. (26)

In terms of community activities they write:

Sporting activities were poorly patronised. The majority however reported at least three types of social or leisure event in the last year with only one service user reported to have attended no such activities in the previous year. Activities organised principally for people with intellectual disabilities featured in the social schedule of all the clients. Community facilities used by clients included a range of shops, with at least two being mentioned for each person. Three of the clients were reported to attend church on a weekly basis; of which one was reported to participate actively in a range of church related activities, such as coffee morning. (36)

The authors of this study conclude:

... established friendships were generally scarce, contact with the local community was sparse and all service users participated in segregated activities that were specially organised for people with intellectual disabilities. (37)

A recent study by Hall & Hewson 2006 considers the 'community links' established by a group of 63 residents of ordinary houses in the community. This study is particularly significant in that it is a replication of a study done with the same participants, 10 years earlier. The study uses time-diaries to record: (1)

The amount of time residents spent outside their homes; and (2) The amount of time residents spent inside the house in the presence of unpaid visitors. The results indicated that 88% of the participants went out less than once a day and 40% went out for less than an hour per day. Three residents went out for less than an hour per week. Furthermore, 55% of the participants had no personal visitors at all during the time of the study (4 weeks). This situation had not changed since the first study undertaken in 1995. These, the authors suggest are 'sobering findings of the social situation of many people with intellectual disabilities' and 'should raise considerable concerns'. (206)

7.8.2 Study Methodology

In the present study time-diaries were also used to record the daily activity patterns of 22 participants over a four week period. The diaries were used to ascertain: (1) Percentage of time spent out of the house at work or day centre; (2) Percentage of time having meals with others; (3) Percentage of free-time; and (4) Percentage of time spent in bed and/or alone in the person's room. The diaries were written by support workers and kept between 7.00 am and 11.00 pm daily over a four week period. The diary information was also used to calculate the percentage of time participants spent in the company of others and the percentage of time they spent alone.

7.8.3 Results

Table 7 shows the percentage of time in various situations together with the mean and the range across the group and Table 8 shows the percentage of time

in the company of others and alone for each individual who participated, together with the mean and the range across the group.

Analysis of Time Diaries I

PARTICIPANTS	% TIME IN WORK/ COLLEGE/ DAY CENTRE	% TIME HAVING MEALS	% FREE- TIME	% TIME ALONE IN OWN ROOM AND/OR IN BED
1.	26.8	9.8	49.6	13.8
2.	29.2	9.8	50.3	10.7
3.	26.1	9.8	47.6	16.5
4.	30.1	9.9	43.9	16.1
5.	26.8	9.8	49.6	13.8
6.	36.8	9.8	44.5	8.9
7.	28	9.4	52.8	9.8
8.	31.7	9.4	49.1	9.8
9.	28.1	9.4	50.9	11.6
10.	26.3	9.6	54.3	9.8
11.	29.4	9.6	51.2	9.8
12.	37.9	15.4	44.0	2.7
13.	17.2	11.9	43.8	14.7
14.	17.2	11.9	61.5	9.4
15.	0	11.3	75.3	13.4
16.	17.2	11.9	61.1	9.8
17.	17.2	11.9	61.1	9.8
18.	27.9	11.9	31.5	28.7
19.	20.8	9.5	68.4	1.3
20.	20.8	9.3	60.1	9.8
21.	23.4	9.5	52.8	14.3
22.	22.7	9.4	56.7	11.2
$\bar{x} =$	24.6	10.4	57.0	11.1
Range:	0 - 37.9%	9.3 - 15.4%	31.5 -75.3%	1.3 – 28.7%

% Time/week spent carrying out various activities

Total number of hours considered = 112 (7 am – 11 pm, 7 days a week)

TABLE 7: PERCENTAGE OF TIME SPENT IN VARIOUS ACTIVITIES/LOCATIONS BASED ON TIME DIARIES

Analysis of Time Diaries II

A Second analysis was undertaken using 18 records to ascertain the percentage of time spent alone and in the company other others % time/week spent alone and with others

Total number of hours considered = 112 (7 am – 11 pm every day)

Definitions

Time alone – includes time in bed; making own meals; time spent in own room; doing activities alone and working alone.

Time with others – all other time. Time spent with others at meals; at college; night school; travelling to and from work; doing household chores; time spent in other people's rooms and visiting people etc. The comments are made by support staff.

S	% time alone	% time with others	Comments
1.	26.3	73.7	Visits family at weekends. Visits friends occasionally in the evening. Goes to pub
2.	39.7	60.3	Sees more of people outside than in the home
3.	53.6	46.4	Likes his own company. Doesn't get on with others much
4.	46.4	53.6	Likes to spend the time alone in his flat, writing letters
5.	34.3	65.7	Has visitors coming into his flat and chatting to him. Usually they are other people with a learning disability
6.	66.8	31.3	Works alone, spends most of his time alone at home
7.	61.2	38.8	Doesn't mix with others much but goes to night school locally
8.	34.8	65.2	Sees a friend at the weekend. Watches videos alone in his flat
9.	29.9	70.1	Goes out a lot to see his many friends. Very sociable. Goes to social club
10.	17.6	82.4	Sees his girlfriend every evening and at weekends
11.	37.0	63.0	Sees family at weekends but likes his own company
12.	26.4	73.6	Works long hours in the company of hours
13.	36.6	63.4	Enjoys his own company
14.	35.3	64.7	Enjoys listening to music in his own flat
15.	38.2	61.8	Retired – sees his friends or stays in with support worker
16.	42.0	58.0	Rarely mixes with others. Goes to church sometimes
17.	34.9	65.0	Visits brother occasionally. Does not welcome people visiting him
18.	47.3	52.7	Never mixes with others – stays in bed a lot
$\bar{x} =$	39.3%	60.7%	
Range:	17.6 – 66.8%	31.3 – 82.4%	

TABLE 8: PERCENTAGE OF TIME ALONE AND WITH OTHERS BASED ON TIME DIARIES

7.8.4 Comments

These results confirm the findings of previous research we have reviewed, in indicating how little these participants engage with the community in which they have lived for many years. Most of the resources of social capital in the community which has a wide range of facilities available are simply not accessed by them. They are clearly closely attached to the house and room in which they live. Most of the time spent outside their home they spend at work or in the day-centre. This clearly is reflected in the results of the first of this group of studies where home and job/day-centre came first and third in the rank order of ratings.

What is most surprising and disturbing to the researcher is how much time during the day the participants spend alone, 39.3% of their time on average, and how much of this is spent in their own room and in bed, 11.1% on average. Furthermore, the notes attached to the time diaries suggest that they have virtually no contacts with people who are non-disabled, except family members and support staff. 'Friends' who visit appear to be other people with learning disabilities.

7.9 Friendships and Social integration

We have undertaken a comprehensive review of the literature on the friendships and social networks of people with learning disabilities which we have discussed in Chapter 2. Here we seek to replicate the findings of previous work with our participants. We will then interpret the results within the larger context of the other studies we have undertaken.

7.9.1 Procedure

As I have previously indicated, the researcher was known to the participants in a professional capacity. He also attend Essential Life-Style Planning meetings in this capacity and had available to him archive material regarding these meetings. Information from these sources has been used for the purpose of this study together with the comments of key stakeholders on the basis that anonymity is maintained. Where information that was required was not available through the Essential Life-Style planning process, participants were approached informally to add further clarification.

In exploring the friendship patterns of the participants, answers to three questions were sought for each participant. 'Who is the participant's best friend?', 'Who is their next best friend?' and 'Who are their other friends?'

These questions had been used in a previous study by Berkson & Romer (1980). It is important to note that no attempt was made to give the participant's a definition of friendship. The study was designed to use the participant's own understanding of this concept as it emerged in the Essential Life-Style planning process. Twenty one of the original sample of thirty one participants took part in this study.

7.9.2 Results

Summary statistics of the friendship study are given in Table 9 below.

Raw data is given in Appendix VII.

Friendships

Support Staff	Family Member	Named other with LD	Other Named	Other Unnamed
N = 40	N = 21	N = 62	N = 23	N = 15
$\bar{x} = 1.9$	$\bar{x} = 1$	$\bar{x} = 2.95$	$\bar{x} = 1.1$	$\bar{x} = 0.7$
24.3%	13.04%	38.50%	14.28%	9.34%

TABLE 9: FRIENDSHIPS – SUMMARY STATISTICS

7.10 Quantitative Analysis

All the people the participants mentioned as friends were counted and placed into four categories – support staff, family, people with learning disabilities and others. It soon became apparent that a number of participants had ‘friends’ who they could not name or whose name they had forgotten. So, for instance, Michael said that he knew two women who he ‘met on the bus on the way to work every day’ and these were his friends, but he did not know their names. A decision was taken to include these as a separate category in the study since examples like this seemed to play a significant part in some participant’s friendship networks.

Once again, these figures reflect the findings of previous research. The perceived friendship networks of the participants are particularly shallow. They are heavily dependent on support staff who are paid to work with them and family members. There are very few non-disabled people in their community who they regard as friends, a substantial number of those they cannot name. Some of these they encounter in the context of commercial transactions. This again is a phenomenon we encountered in the qualitative study we reported in Chapter 5. On the whole these participants are heavily dependent on other people with learning disabilities for social capital, an outcome which is quite the opposite of the intentions of the policy which underpinned community re-settlement.

7.11 Qualitative Analysis

A striking finding from this study is that a significant number of 'friends' participants could name were other people with learning disabilities who lived in neighbouring apartments or whom they had known from their previous institutional life.

It was interesting to note however that participants 2 and 3 had more named friends who were not part of their institutional past. Participant 2 in particular, who as an active church member had made other friends this way and also took participant 16 to church with him on Sunday.

Participant 9 was friendly with participant 8 but disliked participants 7 and 12. Participant 12 was known to visit other participants and would steal their groceries in the process! Participants 10 and 11 had no named friends with learning disabilities. Participant 10 had a girlfriend who had a learning disability; who he saw every evening and participant 11 spent a lot of time alone.

Participant 17 was friendly with participants 1 and 2; he met them both at the weekend. Participant 16 also named participant 2 as a friend and went to church with him.

Participants 21, 20 and 19 had been close friends in the institution. When moving into the community, participant 19 met participant 22 and began 'courting'. This led to jealousy particularly from participant 20 towards participant 22. However participant 20 remained on friendly terms with both participants 19 and 22 and they frequently went out together.

Participant 21 thought that participant 20 was now 'too bossy' and 'wanted to rule over everybody'. The researcher witnessed a number of these petty arguments. Participant 21 now had a regular boyfriend and spent most weekends

with him. Participant 21 had a good relationship with participant 19 and teased him frequently about his relationship with participant 22.

When we consider evidence of friendship outside the circle of people with learning disabilities, then a very different picture emerges. Participant 19 called the man behind the counter at the newsagent his 'friend'. Participant 6 enjoyed gambling and called the staff at the betting shop his friends. Here a very loose definition of friendship was being employed and it was clear that in every instance the 'friends' who were not other people with learning disabilities were in fact acquaintances met in the course of financial transactions or strangers that they had come across frequently, eg, when travelling the same bus route every day.

Although there was a sense that having friends was a source of status for some participants, having family contacts was even more important. Participant 20 for instance indicated that having friends was unnecessary 'I've got brothers and sisters!', she exclaimed. However she was in a minority. Institutionalisation had taken a severe toll on family contacts.

Some participants did not appear to understand how to treat 'friends'. Participant 3 did not like friends to call without prior notice. He would hide in his room unless prior arrangements to meet had been made. A number of residents included support staff among their friends. This was particularly so among participants who were more dependent upon support staff. Some participants relied upon support staff to assist them with cooking an evening meal for instance or supporting them with financial transactions. Those participants who were more self-reliant tended not to include staff members among their friends.

For example, participants 1, 4, 5 and 6 tended to be friendly with each other and visited each other often. In fact, for participants 1, 4 and 6 the only named friends they had were these.

When participant 6 was not with these friends he would often be found alone in his apartment. Participants 2 and 3 who knew each other did not get on. Participant 3 complained about participants 2 and 5 frequently and claimed that participant 1 was his 'best friend' although this feeling was not reciprocated.

7.12 Conclusion

We will now bring together the conclusion of these three studies under the four specific components of social capital we used in the qualitative study. We will also consider the extent to which the conclusions of the two groups of studies overlap.

a. Local Identity

The qualitative studies demonstrated how important 'home' was to the participants. This is reinforced by the findings of the quantitative studies in a number of ways. In the first study 'house' was ranked as being of highest importance in the ratings of quality of life variables. Secondly, the participants spend a substantial proportion of time in their home environment, when not attending day-centres or involved in supported employment. An average of 11.1% of their time during the day is spent in their own rooms. Thirdly, a significant proportion of their perceived friendships are derived from staff who work in their home or other people with a learning disability, who live in close proximity.

However, as with the narrative studies no sense of a local identity emerges. The participants are clearly not making use of the facilities in the neighbourhood in

which they live to any great extent – no evidence of the use of leisure facilities, etc, except for commercial transactions. In the narrative studies, there was evidence of visits to pubs and clubs in the neighbourhood which is not picked up in the quantitative reports. However they are clearly not integrated into the cultural life of the city which for the most part, with the exception of football, passes them by.

b. Local Facilities

The quantitative studies give little evidence of the participant's use of local facilities apart from the day centres and work placements the participants attend on a daily basis. About 40% of their day time hours are spent in these settings. The narrative studies give a more detailed picture in this respect. Hence the value of combining both qualitative and quantitative approaches. The quantitative studies suggest however, as we have previously indicated, that the participants spend a substantial proportion of their time in the house alone, when they are not at work. This suggests that their use of local facilities, on the whole is quite limited.

c. Community and Civic Engagement

The results of the quantitative analyses correspond with the qualitative studies. 'There is no sense that the participants are experiencing a community and civic life as Putnam has described it.' (6.5.1)

d. Social Networks

The qualitative studies indicated 'the great lengths' the participants go to 'to care for their personal appearance and present a positive image to others.' (6.5.1)

The quantitative study of perceived friendships indicates how unsuccessful they are in forming relationships with people who are not disabled other than those

who are paid to care for them. There is a significant gap between their aspirations and their achievements in this area.

Some of their most significant friendships are with other people with learning disabilities. The results indicate both how rewarding and how stressful they can be. Because such relationships have been regarded as undesirable by policy makers, in that they are perceived to replicate undesirable characteristics of institutional life, they have been largely neglected by researchers.

However we have indicated in a previous chapter that studies suggest that individuals may prefer to interact with others who are similar to themselves in terms of race, ethnicity or income. (5.6) This may also apply to people with a learning disability. In effect the fact that some of the most significant friendships participants in this study experience are with others who also have a learning disability may be a consequence of their choice rather than a failure in policy. Indeed is this not the outcome one might expect from a policy in which personal choice is a key element? It remains the fact that these friendships form a key component of the social capital the participants possess, such as it is.

In conclusion, these quantitative studies replicate the conclusion of the qualitative narratives in that the participants are on the whole 'seriously deprived' of both endogenous and exogenous social capital.

CHAPTER 8

PEOPLE WITH LEARNING DISABILITIES IN A PARISH COMMUNITY: A STUDY OF RELIGIOUS AND SPIRITUAL CAPITAL

8.1 Introduction

In this second group of studies in addition to exploring sources of social capital we also use the concepts of religious capital and spiritual capital (Baker & Skinner 2006) to explore their availability to a group of people with learning disabilities who are members of a Roman Catholic parish community.

Again a mixture of methods is used to ascertain the extent of their inclusion in parish life. In particular we explore their participation in the liturgical and sacramental life of the parish that is their membership of the parish congregation, their membership of parish organisations and their participation in the social life of the parish. We also undertake a study of friendship patterns, similar to that undertaken in the previous study.

Although there is some overlap with the previous studies, the objective of this study is somewhat different. The Catholic social ethic and organisational culture, as Tropman has described it and we have discussed in Chapter 1 (see also Appendix I); appears to foster certain socially centripetal tendencies and a self-sufficient community ethos. The Catholic Church continues to assert its obligations towards people with disabilities, who have now become significantly

more visible in the Church's social teaching, to address their needs as whole persons and so translate 'Christ's message of inclusion into practical action' (Bishops Conference of England and Wales 1988: 7). In this sense the Church has always been resistant to the total secularisation of services and has published policy documents, which we have discussed, on the pastoral care of people with disabilities, in which there are clearly differences of emphasis in the underpinning ideology when compared with the stated objectives of central government policy in the UK, in recent years.

The Church as we have seen has also developed distinctive approaches to catechesis for people with learning disabilities and communitarian forms of living for them (e.g., L'Arche) which build upon and develop those forms of pastoral activity with which the Church has traditionally been associated.

It is apparent from the above that the Church in recent years has given considerable attention to integrating people with learning disabilities into its life and worship. We will now consider how productive these efforts have been in terms of the access to religious and spiritual capital of a group of members of a particular parish community.

8.2 Participants and Context

8.2.1 Participants

The participants in these studies were a total sample of eight adults, with a learning disability (four women and four men) who are members of a Roman Catholic parish community in which the researcher serves. Their average age was forty years (range 22 – 65 years) and they had lived in the parish for an average of twenty six years.

I have lived in the parish for over thirty years. As such the participants and their families are well known to me and I to them. However, I have sought consent from them to discuss the issues I have pursued in this research, about which there has been full disclosure. Consent was sought on the basis of anonymity and confidentiality was preserved. Each participant was free not to co-operate at any time. I have also made use of parish statistical returns which are made annually to the Diocese. For some aspects of the study a control group was used. This was drawn from the parish register and matched against the participants on the basis of age, sex and years of residence in the parish.

8.2.2 The Parish Context

The town of Hoylake is situated on the northern shore of the Wirral Peninsula looking out across the Irish Sea, which is bounded on the West by the estuary of the River Dee, and on the East by the estuary of the River Mersey. Hoylake has a long history. There are a number of Roman settlements in the area and the local parish Church was founded before the Norman Conquest. The people of Hoylake are conscious of their past and have a distinctive identity and understanding of themselves. Hoylake was once a thriving fishing community but towards the end of the 19th century it became a refuge for businessmen and professional people who travel to Liverpool and Chester during the day to work. A railway link was established early in the 20th century.

Today, Hoylake, a town of about 12,000 residents, has a large retired population, professional people, solicitors, doctors, university staff, but also it has a young population, families moving into the town who travel to work in Liverpool and Chester.

The Catholic Parish of St Catherine's was established in the late 1920's. The Church was built by a number of prominent local Catholic families, who paid for the building and its furnishing, and also contributed jewellery and other personal valuables towards the making of the Church vessels. Some of the people who were involved in building the Church still live in the parish, or their descendants do, and they are conscious of their close identity with the foundation of the Church and the parish community and as the guardians of its traditions. Some of them still have a pre-Vatican II understanding of the Church and miss very much the ethos that prevailed at that time. The younger families in the parish have never experienced a pre-Vatican II Church and their interests are somewhat different from the older generation.

These differences are reflected in the membership and ethos of the number of groups and confraternities who are active in the parish. The Legion of Mary whose members visit, particularly the sick in the parish, is somewhat different from that of the Justice and Peace Group. The St Vincent de Paul Society seems to attract membership from both generations. However, there are certainly tensions within the parish between the generations, which often surface in the context of liturgy or the way parish resources are used. Liturgically, there are those who are attached to the old and familiar hymns and would welcome the return of the Latin Mass. They are particularly keen on regular exposition of the Blessed Sacrament, the rosary and benediction and devotions to Our Lady. Others, however, wish to use new and modern hymns, are keen on experimentation in liturgical celebration, and look to an increased involvement of children.

In terms of social issues, one section of the parish community would far prefer financial resources to be devoted, say, to helping the Society for the

Protection of the Unborn Child which seeks to change public attitude towards abortion and other personal moral issues, whereas other parishioners would far prefer to see resources directed towards supporting asylum seekers, refugees, prisoners and the homeless. There are other groups in the parish, parishioners who clean the Church every week, parishioners who arrange the flowers, there are musicians and cantors, there are readers and Eucharistic ministers and other parish ministers. There are also parishioners who prepare the Parish Newsletter and deal with publications and periodicals and parishioners who organise social events in the parish and support the parish pre-school and mother and tots group.

Recently we undertook a parish census. There are one hundred and eighty-six families in the parish. There are between two hundred and two hundred and fifty parishioners attending Mass on Sunday. There are perhaps between ten and 15 per cent of these parishioners involved in active ministry, in addition to the parish priest and myself. Paul Bernier considers ministry in terms of five tasks, building community, storytelling, prophesying, nurturing and missioning (Bernier 1993). All these elements are present in the ministry in the parish, although I suspect that many parishioners will not understand the work they do in these terms. Again, there are many different spiritualities in the parish if we understand spirituality as Paul Bernier suggests as 'the style of a person's response before the challenges of everyday life in a given cultural environment' (1993: 262). A diversity of spiritualities can be a considerable source of strength to a parish, but it can also present a number of challenges or obstacles to maintaining a sense of unity, community and common purpose.

In this parish tension between groups of parishioners with differing spiritualities tend to be reflected in the preparation of parish liturgies, choice of

music, hymns, prayers, etc. Liturgy which should be a focal point of parish unity then becomes a source of tension and friction.

Because some parishioners have lived here for many years, there are lots of networks of friendships between individuals and families which extend beyond the formal parish activities. Thus parishioners will meet together to play bridge sometimes, or to play golf. Some parishioners go sailing together or walking together. Accordingly, some parishioners who are new to the parish tell me that occasionally they have great difficulty in breaking into these informal networks that are so long established. Even though they offer their services to the parish and take an active part in parish activities, they don't feel they really belong. It appears that Hoylake is that kind of place, that until you have been invited around to have coffee with so and so or to have dinner with so and so, you really don't belong to the community. Again you really don't know who you are talking to sometimes because over the years there has been so much inter-marriage between families in the town.

Finally, there are groups of people who, for one reason or another, are on the margins of parish life in the sense they are unable to or are reluctant to take an active part in parish affairs. For instance, there are those who are sick or housebound due to impairment. Those whose marriages have broken up. There is an increasing number of adolescent and young adults who drift away from the Church when they leave school or when family ties are loosened. Finally, there are a number of families who make contact with the Church only at transition points in their lives, say when a child is to be baptised or a relative marries or a relative dies.

Reaching out to people whose contact with the Church is minimal, particularly adolescents and families, presents a challenge to our parish ministers. Sometimes the barriers to effective ministry are primarily issues of resources. At other times, however, there are attitudinal barriers which undermine effective ministry to these groups. In some sectors of the parish community there is a degree of resentment towards those families who have their children baptised, send them to the local Catholic schools but otherwise play no part in the life of the parish. Sometimes lack of commitment to working with these families means that nothing is done.

Most of the resources of the Church's ministry are devoted to supporting the sick and housebound, to those who regularly attend Church and to children. There is a sense in which some parishioners see their relationship with the Church as being analogous to membership of a club, membership which they maintain through subscription and following the rules and as a consequence of which certain benefits and rights are derived. This calls to mind a remark in a paper by Jeffrey Vanderwilt on Eucharistic sharing where he writes that 'all are baptized but some are more baptized than others' (Vanderwilt 1998: 335). Richard Reicher has made the valuable distinction between membership and discipleship in his discussion of renewal in catechetical ministry (2002: 3). Before the Second Vatican Council, Reicher suggests catechism was designed to help children and adults to become loyal members of the institutional Church. Our understanding now he suggests should be that of forming disciples of Jesus Christ to be both willing and capable of participating in a community that is committed to evangelisation. (Reicher 2002)

The parish is committed to evangelisation. However it has always been stronger at promoting and responding to third-world issues than to issues of more immediate and local concern.

8.2.3 Ministry to People with Impairments in the Parish

Margaret Harris has emphasised the important contribution that volunteering in religious associations makes to social welfare (Harris 1996). This Parish community commits considerable resources annually to the support of people with impairments. Those efforts that directly impact upon people with learning disabilities in the parish are as follows:

1. SPRED

The parish supports a SPRED group which also involves people with learning disabilities in neighbouring parishes. In all there are some twelve volunteer catechists and fifteen adolescents and adults with learning disabilities involved.

2. Saturday Club

This is a respite facility for the families supporting a child or adult with a learning disability at home. The club meets every two weeks on Saturday morning in the parish centre. Volunteers who staff the centre also transport those attending from home to the centre and back again. The parish holds an annual fundraising event to support the running costs of the centre which is free to those using it.

3. Home Visits

There are two confraternities active in the parish who are involved in visiting sick and impaired parishioners at home, in care/nursing homes or in hospital. There are between thirty and forty people in receipt of such visits. The

confraternities are the Legion of Mary and the St Vincent de Paul Society. Each confraternity meets weekly for a time of prayer and reflection and to plan future programmes of visits. The St Vincent de Paul Society is also able to give financial support to families in need. They also run a furniture store and can provide for other household requisites. Currently there are fifteen parishioners involved in the activities of these confraternities. (The history and significance of confraternities in the Catholic social care practice with respect to people with learning disabilities is explored in Appendix VIII).

4. Carer Support Group

This is a support group for the parents, relatives of people who are sick and impaired, particularly with psychiatric problems. The objective is to breakdown such isolation that these families may experience, to encourage mutual support and to provide a secure and confidential place for feelings to be expressed. The group meets monthly and is facilitated by a social worker who is a member of the parish.

5. Annual Pilgrimage to Lourdes – Lourdes Support Group

Each year the parish participants in the diocesan pilgrimage to Lourdes. On average 30 parishioners go to Lourdes, half of whom will be impaired in some way. The pilgrimage lasts for a week. In addition a number of young people from the parish go to Lourdes as helpers and to work in the hospital there.

6. Healing Service

The parish conducts an annual healing service at which those parishioners resident in care and nursing homes and those who are partly housebound are enabled to attend. In addition the clergy of the parish visit the sick and impaired, those who cannot usually attend Church, with Holy Communion.

The parish is strongly committed to supporting the material and spiritual needs of those of the parishioners who are sick and impaired. Although there are informal networks of support not recorded here, it is striking how much of the parish's efforts in this respect are co-ordinated through small, semi-autonomous groups within the parish which have their own culture, traditions and ethos. This very much reflects Catholic 'social practice.'

8.3 Religious and Spiritual Capital: What we understand by These Terms

Hervé Carrier SJ in his influential study The Sociology of Religious Belonging (Carrier, 1965) reviewed a number of conceptual schemes which subdivided the study of religious belonging into three major areas; communal concerns, the internal organisational structure and dynamic of religious association; civil concerns, the relations of the religious association and the wider civil society in which it is embedded; and supernatural concerns, patterns of behaviour which are appropriate 'for bringing one into contact with the invisible world' (36). Carrier draws particular attention to the early work of the French sociologist of religion Gabriel Le Bras (1891-1970) who developed these schemes in the context of sociological studies of the Catholic Church in France (Desroche, 1970)

It is apparent that these schemes continue to be particularly influential in studies of religious association. The distinction that Baker makes between spiritual capital and bonding and bridging religious capital (see our discussion in Chapter 5) are basically Le Bras's distinctions incorporated into social capital theory although Baker makes no reference to his work. This effectively transforms

them from static analytical categories into dynamic sources of association and co-operation through which individuals pursue their interests.

This study is particularly interested in the participant's access to bonding religious capital which it is suggested is located in the organisational structures of a religious association and spiritual capital which is available through sharing the values, the moral vision of a religious association and participation in its devotional life.

8.4 Studies of Religious and Spiritual Capital in the Parish Community-Introduction

In the studies that follow we consider the integration of the participants into the life of the parish community by identifying the religious and spiritual social capital available to them. Four studies are reported:

The first study, a qualitative study, utilises biographical information available to the researcher from parish records and guided interviews with three participants using a modified version of the Faith Development Schedule, based on the work of James Fowler, which we have previously discussed. A second study, a quantitative study, considers the friendship patterns of the participants. The third and fourth studies also quantitative studies consider their participation in the liturgical life of the parish and their participation in parish organisations. We will also consider the extent to which their membership of the parish community acts as a bridge to wider community involvement.

8.5 Guided Interviews using the Faith Development Schedule Qualitative Analysis

James Hopewell in his book Congregations: Stories and Structures (Hopewell 1987) describes guided interviews as 'dialogues in which the inquirer directs predesigned questions to an informant' (90). The consequence, he suggests is an 'open-ended conversation with members of a congregation, who as informants respond to these questions designed to evoke pertinent answers.' (90)

This essentially describes the approach used here. The structure of the dialogue was provided by the Faith Development Schedule which we have discussed (Chapter 3). Three of the participants in the study, the most articulate, took part in the conversations. These took place over a period of weeks, in the course of my pastoral ministry in the parish, rather than being specifically arranged for the purpose. This was to minimise formality and any associated anxiety.

We have discussed in some detail the particular difficulties that arise when interviewing people with a learning disability (7.3). Open ended questions are particularly problematic. The participants interviewed had moderate to mild learning difficulties. The vocabulary was kept as simple as possible. Critical responses were recorded. Particular importance was given to those whose content harmonised with other information, particularly factual information, I had available to me from parish records and arising out of my own pastoral experience.

Details of the guided interviews and other biographical information is contained in Appendix VI.

8.5.1 Method of Analysis

In analysing the contents of these interviews we use a framework analogous to that used with the narratives we obtained with the first sample we studied (Chapter 6). Our interest here is to assess the extent that the Church is a source of religious and spiritual capital for the participants and to what extent it acts as a conduit into wider community engagements. The following questions are addressed:

a. Identity within the Church

Do participants convey a sense of belonging to and identifying with the values and way of life of their Church community and do they feel at ease within it?

b. Church Facilities and Facilities in the Wider Community

Do participants use the resources and facilities of the Church and what is their attitude towards these? To what extent are they available to them? To what extent do they use facilities in the wider community?

c. Community & Civic Engagement

To what extent are they engaged in Church activities and local civic and community activities? Are they members, active participants in any community associations?

d. Social Networks

What access do they have to social networks? How durable and accessible are they and what do they provide? To what extent is trust in other people an aspect of their experience? Do these networks have added value for them?

8.5.2 Results - Identity within the Church

It is clear that for each of the participants interviewed, involvement with their Church community is a significant aspect of their lives both in terms of time they devote to it and the importance they attach to it. This is not so much an involvement at a cognitive level, that is possessing and articulating particular beliefs associated with Catholicism. Rather, their identity with the Church is manifested through participating in the practices of the Church, particularly those associated with the liturgy and devotions such as the rosary. For example Catherine says:

“I go to Church, I pray to God, I pray to Our Lady, I light candles.”

Andrew says:

“I like it at Church. I like the Mass, singing and that. I serve sometimes. I carry the cross sometimes ... I say the rosary and pray.”

and Mary says:

“I like going to Church. I go every week ... I sing hymns and light candles.”

‘Going to Church’ for them primarily means participating in the worship of the Church. This is also the source of many of the friendships the participants name. In fact, friendship formation is consistently linked with attendances at worship services. For instance Mary says:

“I like it when I go to Church. I know some people there. They speak to me and smile ... I have friends in Church who sit with me.”

and Andrew says:

“I like it at Church ... People there are my friends. I shake hands with them (sign of peace). They say hello to me.”

Again in attending worship services, the participants are not mere spectators. In addition to singing and praying they are involved in a number of ministries. Catherine says:

“On Sundays we go to Church ... I stand at the door. I give out newsletters.”

and Andrew says:

“I serve sometimes. I carry the cross sometimes. I collect with Mr S.”

It is clear from the above that participating in the devotional life of the Church is a rich source of spiritual bonding capital for the participants. They are active participants in the liturgy of the Church through which a strong sense of commitment and belonging is expressed. However it is also apparent that other aspects of Church life, other than worship, are not an important source of identity for them.

So although Catherine occasionally goes to the coffee morning and puts the ‘table cloths out’ and Andrew goes to ‘bring and buy’ events, Andrew also adds that ‘Teresa (his sister) goes to meetings. I don’t know about those, so I don’t go.’ The implication being that matters which may concern the governance of the Church are not his business and he is not encouraged to participate.

Identity, the participant’s sense of belonging, is primarily displayed through attendance of worship services which provide a rich source of spiritual capital. There is however little evidence that this spiritual capital is associated with or leads into the formation of religious bonding capital. There may be many explanations for this. However it is a phenomenon we have noted with other marginalised groups (Chapter 5)

8.5.3 Church Facilities and Facilities in the Wider Community

All the participants gave evidence that they used local facilities in the community. However often these were facilities specifically established for people

with learning disabilities that is segregated facilities. Mary for instance has attended a local day centre and says that “sometimes I go to the Saturday Club” which is a Church organised respite facility. Andrew says that “I go to Remploy” and Catherine works in the kitchen of a local day centre one day a week for which she receives therapeutic earnings. She says:

“I go to the centre on Tuesdays. I like it ‘cos H and D go there. We do different things. We go on trips. I’ve been to Liverpool.”

There is also evidence that other facilities are used e.g., shops. Mary says:

“I go to the Co-op for her (her sister). I get the bread. I like the lady in the Co-op. She helps me with money.”

and Andrew says:

“I know a lady in Sainsbury’s, she helps me find things.”

This is a similar phenomenon to that we identified in the first sample we studied. The formation of ‘friendships’ with people whose names are not known who they met in the course of shopping trips and other commercial transactions.

Apart from the above, however there is little evidence that the participants make use of leisure and other facilities in the community e.g., pubs and social clubs. They don’t convey the impression that they are concerned about their personal appearance or how they present themselves to others. Their circumstances are then quite different from the first sample.

In fact these participants cannot be said to be making choices, living independent lives to the same extent so that of the participants in the first sample, since they are often tied into regular commitments within their families, which restrict the ‘free’ time they have available. However, these commitments do enable them to be givers of support to others and not just receivers. This

reciprocity generates mutual interdependence and so contributes to family solidarity.

Mary for instance is involved in domestic work with her sister Alice. She says:

“She (Alice) takes me with her where she works. She goes cleaning. I stay with the baby. I go to the Co-op for her.”

In fact Mary was withdrawn from the day centre by her family to support her mother when her father died.

Similarly Catherine who still lives in the family home, often carries out domestic chores in the home and helps out when her sister Joyce has difficulties.

She says:

“When Joyce starts playing up ... mum gets upset. I shout, I say, stop it.”
“Joyce gets upset. I don’t like that. My mum doesn’t like that. I help mum with cleaning shopping and things. I help her in the kitchen.”

It is clear that participants in this sample are not actively encouraged to live an independent life outside the family home or to use the facilities the community offers. There is then very little social capital derived for them from the community at large. In terms of Church resources, only the Church building itself where the liturgy is celebrated is actively and regularly used.

8.5.4 Community and Civic Engagement

As we indicated above there is little evidence that the participants engage in Church activities other than participating in the Church’s worship. Again there is no evidence of civic engagement or participation in community activities other than those we have identified above. A significant liturgical involvement does not lead on to anything else.

8.5.5 Social Networks

Most of the members of the participants social networks are associated with family membership and Church attendance. In terms of Church attendance Mary says:

“I like people at Church. The Father speaks to me. He wants to know how I am. I like Jane (a parishioner). I like Mr M (a member of St Vincent de Paul Society). He came to see me at home. He got me some furniture ... he gives me lifts. I have friends at Church who sit with me.”

Andrew says:

“Mr Smith is my friend (a parishioner who helps with the collection in Church on Sunday). Father Chris is my friend and so are you aren't you Tony.”

Again it is clear that there are strong bonds of loyalty and affection between the participants and members of their families and that some of the people they name as 'friends' are also friends of their parents. For instance Catherine says that:

“I like it at home with mum, 'cos she takes care of me ... She takes me places. She takes me to Lourdes. I sit in Church with her. I like Nora (sister). I like Sophie and Liam (Nora's children). I like Mrs M and Mrs E.” (friends of her mother's)

Andrew says:

“Teresa helps me. She looks after me at home ... She does meals for me ... I like it when Mrs M comes to see Teresa. I make her a cup of tea and we talk.”

Mary says:

“I like Alice ... Alice tells me what to do. If I don't know I ask Alice ... Alice reads things for me. Alice used to take me to her grave.” (mother's grave)

There is also a little evidence that some significant friendships are formed outside the family and parish network but this is rare. For instance Andrew has a 'special friend.' He says:

“Jim’s my special friend. I want a special friend.” (Jim was a fellow worker at Remploy)

Catherine says:

“H ... she’s my friend. I go to see her. She comes to my birthday party.” (H attended the adult training centre with Catherine)

However there is also evidence that families can impede the development of relationships outside the family network that they think undesirable for various reasons. Mary says:

“I want a boyfriend. Alice says I can’t have one. Jane says I shouldn’t talk about things like that.”

There is also evidence of a phenomenon we encountered with the first sample, that is a significant value attached to privacy and personal space. Mary says:

“I like my house. I like my garden. I like my television.”

Andrew says:

“I like it at home in my room. I’m happy there. I watch television.”

Catherine says:

“I have my own room now. I used to share with Joyce. I’ve got some pink curtains. I’ve got picture on the wall. I’ve got a picture of me at Lourdes. I’ve got a picture of me and H. H has a television in her house. I want a television in my room.”

It is clear from the interviews that these participants have durable and accessible social networks where trust, shared values and mutual support are key qualities. These networks however come largely from within their families and parish community with whom they have a strong identity. There is also a hint that these networks impede the freedom of choice of the participants, particularly so with Mary and Catherine, who might be tempted to make significant changes to their lives if given the opportunity to do so. This suggests tension between the

obligation of belonging to a family, family solidarity and a parish community and sharing its values and the desire to live a more independent life.

8.6 Study of Friendship Patterns - Introduction

In the previous quantitative study of friendship patterns (Chapter 7) we used information that was available through the Essential Life-Style Planning process. Essential Life-Style Planning or any other form of support planning was not in place with these participants since all were either living at home or supported by their parents to various degrees. The information we therefore gathered in the context of informal conversations with the participants and interviews using the Modified Fowler Development Framework which we have previously described.

8.6.1 Results - Quantitative Analysis

All the people the participants mentioned as friends were counted and placed in six categories: family, parishioners named, parishioners unnamed, people with learning disabilities, others named, others unnamed. The number of people considered friends by each of the participants are given in Table 10 and summary statistics are given in Table 11:

Participant	Family Members	Parishioners Named	Parishioners unnamed	Named with Learning Disability	Others Named	Others unnamed	TOTAL
1	5	8	4	2	0	0	19
2	1	3	2	0	2	0	8
3	2	2	0	0	0	0	4
4	2	6	3	0	4	0	15
5	9	4	3	3	3	0	22
6	9	2	3	2	0	0	16
7	6	3	2	0	5	0	16
8	3	3	2	0	2	1	11
TOTAL	37	31	19	7	16	1	111

TABLE 10: NUMBER OF PEOPLE CONSIDERED AS 'FRIENDS' BY THE PARTICIPANTS

Family Members	Parishioners Named	Parishioners Unnamed	Named with Learning Disability	Others Named	Others Unnamed	Total
37	31	19	7	16	1	111
$\bar{x} = 4.62$	$\bar{x} = 3.87$	$\bar{x} = 2.37$	$\bar{x} = 0.87$	$\bar{x} = 2$	$\bar{x} = .12$	$\bar{x} = 13.8$
33.3%	27.9%	17.1%	6.3%	14.3%	0.9%	

TABLE 11: FRIENDSHIPS: SUMMARY STATISTICS

8.6.2 Comments

We will reserve a detailed comparison of the results of this study and the previous study until Chapter 9. However the evidence suggests that this sample has a much richer associational network than the first sample. This arises from family members and parishioners, both named and un-named. The extent of family support is not surprising since all the participants either live with or are in frequent contact with their families. What at first seems surprising is the number of parishioners they report as friends. However all of these are also friends of or known to other family members. In fact there are no parishioners that they name as friends who are not also known to their families.

The number of people that they know who are not members of the parish is not significantly different from the first sample. In effect the rich associational life they experience in the parish context does not appear to facilitate the development of social networks in the community at large. Finally they have significantly fewer friends with learning disabilities than participants in the first study.

8.7 Spiritual Capital available to the Participants - Introduction

We considered two sources of spiritual capital in this study. In the first instance we considered attendance at worship services on Sunday. There are two services on Sunday in the parish, 8.30 am and 11.15 am. Traditionally the

Catholic Church in England undertakes a census of Mass attendance on four Sundays in October each year.

We utilised the census data for October 2009. On these Sundays we noted the Mass attendance of the participants and the attendance of members of the control group which we had selected for comparison purposes. As we have noted in Chapter 5, attendance at worship services is widely used as a measure of Church involvement.

The second study of spiritual capital involved assessing participation in some form of liturgical ministry during the worship service. Following the liturgical developments of the second Vatican Council, the opportunities for the active involvement of lay people in the liturgy have significantly increased. Again we considered the extent to which parishioners with learning disabilities have been enabled to take advantage of this, that is have some form of regular liturgical ministry.

We used the month of October 2009 to collect this information. We also collected data on the control group at this time. It should be noted here that other worship services, apart from Sunday Mass are held throughout the week, e.g., daily Mass and Morning Prayer. However, the numbers attending are significantly fewer than Sunday Mass and so were not included in the study.

8.7.1 Results - Spiritual Capital I

Data for Mass attendance over four Sundays in October 2009 is given in Tables 12 and 13.

The participants recorded an average of 81% Mass attendance during this period. The control group recorded a level of 69% Mass attendance during the

same period. Two comments should be made about the figures. Some participants often or regularly attend Mass with their parents or other family members. However three participants always come unaccompanied and one frequently attends unaccompanied.

Some of the control group may occasionally attend Mass in neighbouring parishes, particularly where there is an evening Mass. We were not able to ascertain whether this was so during October 2009, but it may have influenced the results obtained.

We can however conclude that people with learning disabilities have a high level of Mass attendance in this parish equivalent to or even better than the control group.

Participant	Sunday 1		Sunday 2		Sunday 3		Sunday 4	
	8.30	11.15	8.30	11.15	8.30	11.15	8.30	11.15
1		X		X		X		X
2	X				X		X	
3		X		X		X		X
4				X				X
5		X	X			X		X
6		X	X			X		X
7						X		
8	X			X		X		X

Equivalent to an average of 81% mass attendance

TABLE 12: MASS ATTENDANCE FOUR SUNDAYS IN OCTOBER 2009 – PARTICIPANTS

Control	Sunday 1		Sunday 2		Sunday 3		Sunday 4	
	8.30	11.15	8.30	11.15	8.30	11.15	8.30	11.15
1		X				X		
2	X		X				X	
3	X				X			
4		X		X		X		X
5		X		X		X		X
6		X				X		X
7		X						
8		X		X				X

Equivalent to an average of 69% mass attendance

TABLE 13: MASS ATTENDANCE IN OCTOBER 2009 - CONTROLS

8.7.2 Spiritual Capital II

During the census of October 2009 note was taken of the extent to which the participants and the control group undertook some form of liturgical ministry during any of the eight Masses in the month.

The results are given in Table 14. They show that 50% of the participants had some form of ministry and 50% of the controls had some form of ministry.

One participant was supported by a parent. The others undertook their ministry alone and unsupported.

SPIRITUAL CAPITAL II

Liturgical Ministries	Participants							
	1	2	3	4	5	6	7	8
Eucharistic Minister								
Reader								
Wellcomer					✓			
Server			✓					
Collector		✓						
Presentation of Gifts					✓	✓		
Sacristan			✓					

Liturgical Ministries	Controls							
	1	2	3	4	5	6	7	8
Eucharistic Minister		✓	✓		✓			
Reader		✓						
Wellcomer								
Server		✓						
Collector								
Presentation of Gifts								
Sacristan								✓

Participants

50% have some form of regular ministry
 2 have two ministries each
 2 have one ministry each

Controls

50% have some form of regular ministry
 1 has three regular ministries
 3 have one ministry

TABLE 14: MINISTRIES RAW DATA AND SUMMARY DATA

8.7.3 Comments

Both in terms of mass attendance and ministerial involvement there is no significant difference between the participants and the control group in their access to spiritual capital.

8.8 Study of Religious Social Capital available to the Participants **Introduction**

As we have indicated we understand the principal source of religious capital to be membership or participation in the organisational structures of the parish. The parish has eleven formal structures which meet irregularly, some weekly, some monthly, these are concerned with the day-to-day organisation of parish life and its pastoral work. Each year in October the parish conducts a census of its members, including membership of parish organisations. We used the data from the 2009 census to investigate how many of the participants in the study were

involved in the associational and organisational structures of parish life. We also gathered equivalent data for the control group.

8.8.1 Religious Social Capital – Participants and Control Groups

None of the participants were members of parish organisations. Data from the control group is given in Table 15.

Parish Organisations	Controls							
	1	2	3	4	5	6	7	8
Finance Committee								
Pastoral Team		✓						✓
Social Committee		✓						
Evangelisation Group					✓	✓		✓
Catechetical Team					✓	✓		✓
SVP								
LofM								
Liturgy Group								
Ladies Guild								
Pro-Life Group								
Youth Committee		✓						

Summary of Data:

None of the participants are members of parish organisations
 Four members of the control group are members of parish organisations
 Two are members of three organisations
 Two are members of two organisations

Religious Capital – Bridging Capital

There is only one external organisation with which the parish have formal links this is Churches Together in Hoylake and Meols. One member of the control group is a member of this organisation.

TABLE 15: MEMBERSHIP OF PARISH ORGANISATIONS – CONTROL GROUP AND SUMMARY DATA

8.8.2 Comments

There is therefore a difference in access to religious capital between the participants and control group in that the control group are significantly more active in parish life outside worship than the participants.

8.9 Conclusions

All the participants in this study live with or are in daily contact with members of their families on whom they are dependent for their support.

We are not in a position to know how representative this situation is of the Catholic response to the needs of people with learning disabilities more generally.

However, as Tropman has written:

The Catholic ethic, then, is a family ethic. To be sure, the family it envisions is the 'traditional' family. Family extends to community, and helping each other is part of the ways and work of the family (community, exchange). This orientation makes individual achievements more difficult because of the separation from family that it implies and perhaps requires. (Tropman 2002: 57)

Furthermore, the Catholic conception of community is organic in that it includes a place for everyone and all members of the community are 'God's children' (Tropman 2002: 255). The family from this perspective is not just understood as a sociological entity, and a source of social solidarity. It also has a religious symbolic significance. Jean Vanier makes this explicit in his description of his motives for the development of L'Arche communities. L'Arche communities, he indicates provide, substitute families in circumstances where natural family arrangements are no longer possible. The aim was:

... to create oases "where people with learning disabilities can be welcomed, where they can live in a family atmosphere and where through gestures of tenderness, they can discover the tenderness of the Father for them, and through the heart of Jesus' disciples they may discover the very heart of God. (Vanier 1985: 127)

The parents in this study illustrate this dual aspect of the Catholic ethic of family solidarity by their ongoing commitment to both the material well being of their children and to their children's religious life. This ethic of solidarity is however not unidirectional in its effects. As this study illustrates there is a flow of assistance both up and down the generational lines and horizontally within the family network and beyond into the parish community itself in which the participants with learning disability are themselves involved.

This makes the circumstances of the participants in this study significantly different from those in the first sample we studied, in that they are empowered to give support to others as well as being recipients of it themselves.

Again these exchanges of assistance between parent and child and between siblings are of the nature of permanent commitments, freely given, rather than short-term responses to the exigencies of the moment. Furthermore they are driven by internal norms of moral and religious obligations which seem more powerful than any urge to break free on either side. They inevitably involve empathic understanding, a kind of opening out to another that is incompatible with the pursuit of self interest. Sandra Bartky captures, this notion of empathy in her essay "Sympathy and Solidarity" where she writes of " ... a knowing that transforms the self who knows, a knowing that brings into being new sympathies, new affects as well as new cognitions and new forms of intersensitivity." (Bartky 2002: 71-72). Two parents in this study suggested to me that when they were no longer able to support their children they would wish them to be supported in a L'Arche community.

As such to what extent if at all can such relationships be understood in the framework of social capital theory (see our comments on Coleman p119). Are not

these exchanges more in the nature of gifts than transactions? Giving is not only a material but also a powerful symbolic act involving strong moral obligations to give in return, but may persist in circumstances where this is not possible. By means of giving mutually, it becomes possible to communicate with others, to help them and so to create alliances which form the basis of the moral foundations of a society and culture. Gifting would appear to be a more appropriate framework within which to understand what is happening here. We will explore this idea more fully in the final chapter.

When we consider the results of the study in terms of the participants access to social capital, it is clear that there are similarities between the two groups but also some differences. The differences to some extent seem to be associated with the ideological contexts in which the participants are supported. Both groups have little power or influence over the course of their lives and are structurally disengaged from the communities in which they live. However, the participants in the Church community have greater resources of bonding capital though they come largely from their families and their families social network. Trust is clearly present in these relationships and the participants have a positive view of themselves and their domestic arrangements. The Church group have significantly fewer friendships with other people who have a learning disability than the first sample we studied. In this sense they are relatively deprived of an important source of empathic understanding since those who share a life of relative powerlessness and marginalisation are more likely to know the kind of social experiences each has to endure and to understand the emotions that arise in response.

Finally, some comments on the results as they appertain to availability of social and religious capital. Chris Baker and Jonathan Miles-Watson have written of “The Virtuous cycle of spiritual and religious capital” in which “the two stand side by side locked in symbiotic relationships each strengthening the other and acting together to weave the fabric of the habitus.” (Baker & Miles-Watson 2008). There is no evidence of such a ‘symbiotic relationship’ in this study. Although the participants clearly have access to spiritual capital and in this respect are not significantly different from the control group, this alone is not sufficient to empower them or to “energise” them to make a practical contribution to the life of the parish community beyond its acts of worship, which members of the control group clearly do. People with learning disabilities may be considered a limit case. However, other research has shown that “ethical or value driven impulses (an aspect of spiritual capital)”, the extent to which spiritual and religious capital can act together is bound up with a range of contextual variables which include the power relationships in which people are embedded, the perceptions others have of their role and status in society and their abilities and the material resources they have available to them (see Chapter 5). It is always difficult for the marginalised to realise their aspirations. Particularly in a culture characterised by a competitive consumerism. Hence the necessity of considering what kind of relationships are desirable between those who are advantaged and those who are systematically subordinated in order that unity or fellowship might be established and a morally rich understanding of solidarity, *koinonia*, might prevail. One necessary aspect of this process might be to set aside the vocabulary of ‘capital’ and all its connotations.

CHAPTER 9

CONCLUDING REFLECTIONS

9.1 Introduction

This research was prompted by the suggestion of Jürgen Moltmann that in societies in which welfare regimes are being transformed under the influence of liberal market ideologies, people with learning disabilities are likely to be significantly disadvantaged. This situation arises, because such regimes are committed to the view that individuals alone are to be held responsible for decisions that concern their health and well-being and the market is the mechanism for the delivery of the resources they need. This policy is what one writer has described as ‘public support for private responsibility.’ (Gilbert 2005: 4)

Our review of the literature (Chapter 2) confirms that many people with learning disabilities are significantly disadvantaged in societies in which such regimes are in place.

Moltmann also suggested that Christian communities when characterised by an ethos of mutual support and inter-dependence, and a commitment to some notion of the common good, are likely to offer a more conducive environment within which people with a learning disability might flourish.

We have explored Moltmann's ideas using the concept of social capital. Social capital is a very influential concept in the social, political and economic sciences. Possession of social capital by individuals is considered to be necessary for their acquisition and accumulation of finance and human capital and to be essential to human flourishing more generally. Social capital has been given a particularly important role in the welfare reform agenda. Although social capital has been understood from a number of theoretical perspectives each which has a different emphasis, fundamentally it consists in social networks, characterised by trust, reciprocity and shared values through which individuals are enabled to co-operate together so as to achieve objectives, including welfare objectives, which they could not achieve on their own. Social capital also facilitates the development of protective mechanisms which shelter individuals, particularly those who are vulnerable, from negative social and environmental influences. The concept also implies that relationship networks themselves are a market place and the study has considered to what extent people with a learning disability participate in this market place, that is to what extent they have resources of social capital available to them.

We have also considered whether Church membership makes a difference, since it has been suggested that Christian communities are themselves a source of social capital because they offer the potential for the development of trusting relationships within the context of a shared value system, precisely those ingredients which make the generation of social capital possible.

Successive UK governments have strongly encouraged liberal market-reforms in social welfare. In the first study, we have explored the availability of social capital to a sample of people with a learning disability, who, living in an

urban setting have been exposed to these welfare regime changes. They are supported by paid support workers to make choices, to live autonomous, independent lives so as to become fully integrated into society as 'citizen consumers.' Our study considers the extent to which they have become social capitalists in the process and the consequences of these market reforms for their quality of life.

We have also undertaken a second, parallel study, not strictly a comparative study, of the availability of social capital, which we also consider as religious and spiritual capital, (Atherton calls this faithful capital) to a sample of people with learning disabilities who have been born into and nurtured by an English Catholic parish community, of which they are members. This sample is also very different from the first sample in that although adults, they either live with or are in daily contact with their parents or other family members, and friends of the family who are their primary carers.

In order to set the study in a theological and not just a social policy context, we have sought to make explicit the significant role that theological ideas have had in the development of social policies and social care practices, with respect to people with learning disabilities and more generally, and have explored the Catholic tradition in this respect in some detail.

In this chapter, we will review the results of the studies we have undertaken and then explore some significant issues arising from them, using theology in effect as a form of socio-cultural criticism.

9.2 The availability of social capital to people with learning disabilities: a resume of the results

Social capital is very different from financial capital in terms of its fungibility. Accordingly some have questioned whether the use of the term 'capital' is appropriate in this context (De Filippis 2001). If it is, then social capital considered as a form of capital is seen to be very similar to finance capital in that it is or has to be accumulated. People need to invest their time and resources to do this and inevitably some people accumulate more than others. In the first of these studies the participants are shown to be particularly disadvantaged in the supply of social capital available to them. We explore possible reasons for this.

Despite the years of community living they have experienced, they have very restricted social networks and few neighbourhood attachments. In effect their access to bonding capital, as Coleman understood it is very limited. Their most significant relationships are with staff paid to support them and with other people with learning disabilities. However the social capital available from support staff is limited in its scope, since staff are restricted by their code of conduct and job description from transgressing certain professional boundaries. There are few other sources of bonding capital available, these largely involve family members. There is no evidence of bridging capital. These participants are not members of any groups or associations and play virtually no part in the civic life of their communities.

When we consider the access to social capital of the second sample we have studied, those who are Church members, supported by their families and the parish community, the results suggest that there are some positive advantages which flow from this experience and in this respect the views of Moltmann are supported, but also some negative consequences.

For instance this sample does have more extensive resources of bonding capital than the first group studied. These however come largely from their family networks, either directly or indirectly, since there are very few people they name as friends who are not also friends of their parents or friends of other family members. However the strength of these bonds and the commitments they involve, frequently reciprocal is considerable. This in some respects is a form of social capital which we encountered in the work of Riddel et al (1999, 2001) - see Chapter 4 (pp129-131). Again although the participants are very active in the worship of the Church (spiritual capital) - their level of participation in terms of Church attendance and ministerial involvement was not significantly different from the control group we considered - they yet play no part in the governance of the Church or in other aspects of parish life generally (religious capital).

This outcome confirms the conclusions of other research we have reviewed, which suggests that for marginalised people, attendance at Church worship services does not necessarily facilitate participation in other aspects of Church life. Their experience in the Church community, in that respect, simply reflects their marginalisation from sources of power and influence they experience in society at large. Nevertheless the extent of their engagement in the liturgical practices of the parish community is striking. This may tell us something about the characteristics of people with learning disabilities themselves and their manner of religious expression (Turner et al 2004). It may tell us something about the impact of the significant catechetical initiatives that have been undertaken or it may tell us something about the liturgy itself. It is clear however that the distinction between spiritual capital and religious capital is a valuable distinction, but the relationship between them is not quite as Baker and Skinner envisaged. Indeed they seem to

function independently of each other. Atherton's grouping them together as faithful capital is therefore open to question. (Atherton 2008: 101)

The experience of the second sample is then somewhat different from the first group we studied. The first sample were re-settled from institutions into the community a largely technical process, a consequence of legal changes and social policy developments with which they were not involved. Again at no time did the community say to them 'we welcome you here, we want you to live here among us.' Resettlement was a process of negative integration, a process which largely went unnoticed except for some neighbours whose welcome was ambiguous.

The second sample have never experienced institutional living. They were welcomed and are welcome in the parish community to which they belong. The friendships they enjoy are real and permanent. There is a transparent sense of obligation on the part of the parish community for their welfare, obligations which have a religious/moral underpinning. However these relationships are restricting and suffocating to some extent. They are not friendships that enable or empower. As we have indicated before, when we considered research on L'Arche communities, there is a real tension between the obligations of community membership and the desire for autonomy, for freedom to make choices which may take an individual beyond the community network and its values. Exactly the same issues arise for people with a learning disability within their families and the parish community. There is no evidence that Church membership facilitates involvement in the local community beyond the Church or in civic life generally.

With respect to the first sample, the networks, the trust and support they experience arise because on the whole it is mutually advantageous to work together. Support staff after all are paid to do so. With the second group however

the networks they experience are characterised by a sense of shared moral obligations and a degree of empathic understanding which persist irrespective of whether individuals are advantaged or not. In fact for some parents there are no obvious advantages to them arising out of their degree of commitment to their adult disabled children, quite the contrary in fact. This is particularly so in the circumstances of the family that adopted two children with learning disabilities whom they are still supporting as adults. The motivation for this cannot easily be understood in the terms of social capital theory, such that alternative perspectives must be considered. This point we made previously when we discussed the work of Coleman (Chapter 4 p118).

Each of these studies raises a number of issues, regarding the ideological context of the support that is given and about the nature of social capital itself, some of which we will now address.

9.3 Consumer Choice – its implications for the quality of life of people with learning disabilities

9.3.1 Preliminary Remarks

In our discussion of contemporary social policy and practice (Chapter 2) we emphasised the importance that is attached to the notion, of ‘the freely choosing consumer with expectations of choice found in the market place’ which he suggests, has become ‘the central rhetorical figure in the reworking of public services around performance.’ (Clarke 2004: 130)

Peter Sedgwick, in his influential text The Market Economy & Christian Ethics (Sedgwick 1999) discusses consumerism and its implications for personal identity. He writes that:

Consumerism is a search for novelty and pleasure. The creation and recreation of illusionary stimuli brings pleasure out of everyday experience, which it transforms into an environment of continuous pleasure. (101)

Similarly the theologian William Cavanaugh writes of consumerism as 'having a restlessness that constantly seeks to move beyond what is at hand.' (Cavanaugh 2008: 48)

An economic understanding of man is centred upon man's restlessness and search for novelty through choice. This is emphasised often at the expense or to the neglect of other human attributes or capabilities. The market exists to respond to choices and is neutral with respect to the particular values that may underpin the choices that are made.

When market mechanisms are introduced into welfare provision and choice is elevated as the most significant value, our study and other research we have reviewed suggests that certain potentially negative, consequences occur particularly for people with learning disabilities. We will consider two such consequences, the equation of needs and desires and the body as an object of consumer choice.

9.3.2 The equation of needs and desires

Len Doyle and Ian Gough in their book A Theory of Human Need have written:

Many argue that it is morally safer and intellectually more coherent to equate needs with objective preferences in that only individuals or selected groups of individuals can decide the goals to which they are going to attach enough priority to deem them needs. (Doyle & Gough 1991: 9)

Similarly the liberation theologian Franz Hinkelammert has written that:

Neoclassical and neoliberal economic thinking assumes that man does not have needs, but simply tastes. From this standpoint, man does not present the demand to satisfy his needs regarding nutrition, clothing etc, but only tastes or preferences, which allow him to prefer steak rather than fish, cotton rather than synthetic fibre etc. (Hinkelammert 1986: 63)

Needs it is suggested, vary extensively across individuals, across cultures and moral traditions such that they can be given no objectivity in terms of welfare provision. What individuals do and do not need, what is 'good' for them, what is in their interests can only be determined by themselves.

Such a view effectively rules out any notion of the 'common good', a key concept of Catholic social thought (eg, Hollenbach 2002). It is argued that such a notion must be rejected since nothing is good in itself, but is a consequence of criteria which are negotiated and subject to change. The concept of the 'common good' has generated a considerable literature. For our purposes we understand it in terms of the definition given in the Second Vatican Council's Pastoral Constitution of the Church in the Modern World, Gaudium et Spes, where we read that the common good refers to 'the sum total of social conditions which allow people, either as groups or as individuals, to reach their fulfilment more fully and more easily' (Gaudium et Spes, 26 1965).

It should be noted in passing that the theologian John Atherton in his book Marginalisation (Atherton 2003: 127) seems to agree that the notion of the common good has little purchase, since he suggests that it is unable to provide an adequate foundation for public theology in a plural context dominated by competing narratives. In his view theologians should refrain from engaging in dialogue with others, eg, policy makers, using this concept. There is clearly a similarity between Atherton's views and those of Elaine Graham we discussed in Chapter I (pp32-33).

Liberation theologians however, such as Hinkelammert, have given considerable attention in their critique of capitalism to what Marx has referred to as commodity fetishism, and have sought to establish a theological basis for the distinction between needs and desires and restore its significance and that of the 'common good' in dialogue with policy makers.

Marx wrote that the wealth of societies where the capitalist mode of production predominates looks like 'an immense accumulation of commodities' and referred to a commodity as 'an object outside us, a thing that by its properties identifies human wants of one sort or another. The nature of such wants, whether, for instance they spring from the stomach or from fancy makes no difference.' (Marx 1928: 43-58) Capitalism it is suggested is an economic system centred upon desire, not necessarily the desire for profit as such, but the desires of consumers. Profit is the consequence of efficiency in satisfying the desires of consumers (Mo Sung 2007: 3). This will apply as much to organisations who are in the market as providers of social care services as to other consumer focused organisations. Their profitability will be related to the efficiency with which they identify and satisfy the desires of the people who they support and who purchase their services. The quality of services is evaluated in terms of outcomes, that is the choices that are identified and met. No distinction is made between needs and desires or one desire and another in this process.

The consequence of the equation of needs and desires for the provision of services to people with learning disabilities can be seen for instance in the use of and importance attached to the Essential Life-Style Plan which we have discussed in detail in Chapter 5.

This planning mechanism and instruments similar to it, have taken centre stage in the development of so called person centred services for people with learning disabilities and other client groups. Essentially the planning process is designed to enable individuals to express their desires or preferences with respect to how they should live their lives and then to organise resources, including human resources to ensure that these choices are realised. The use of and emphasis placed upon the notion of 'life-style' gives some indication of the object of the exercise. In addition plans are developed on a person by person basis. This is quite deliberate. The exercise then builds in social isolation into the outcome of process since there is no consideration of the possibility of co-operating with others to pursue shared objectives. Others are only involved if they are of some use in supporting the achievement of the choices individuals have made (see the definition of 'support' by Duffy, Routledge & Greig 2004, Chapter 2 p54). The role of support staff or significant others is therefore clearly functional and proscribed. Thus although social capital is deemed to be essential to the achievement of welfare objectives, the planning process does not address how this might be acquired or accumulated nor is any attention given the notion of social relationships as a 'good' in themselves.

Although issues of risk and capacity are considered, the term risk enablement is often used, the function of staff is not to influence the choices an individual might make by allowing their preferences or values or even their professional knowledge to dominate the planning process and its outcome. They are to remain largely detached, their role is primarily to support the achievements of the choices expressed within the resources available.

Users of services can of course switch from one provider to another in order to receive maximum value for money. In that the planning process is a dialogue, it is inevitable that some influences will be brought to bear on the outcome other than the wishes of the person supported. Parents for instance are often very influential when they attend. However during the planning meetings I attended in the course of this research considerable respect was given to the wishes of the clients involved.

Studies suggest that this process is popular with many users of services since it gives the sense of some control over the course of their daily lives, when compared with previous support arrangements. Liberation theologians are of course committed to enabling people to shape their own destiny. They suggest however that the market offers only the illusion of control (Schubeck 1993: 248 - 249). As Zygmunt Bauman has written:

The right type of consumer is a person who cherishes the right to choose more than the object of choice ... (and) will therefore put choice, with all the risks and the unfamiliar often frightening traps involved, above the relative security carried by rationing and allotment. (Bauman 2005: 58-59)

It is becoming increasingly apparent that the failure to distinguish between desires and needs in the person-centred planning process is leading to many complications that have significant negative outcomes for people with learning disabilities. People with learning disabilities find it easier to identify and express their desires, than they do to recognise and reflect upon their needs. They may not understand the difference unless assisted to do so. Again recognising and responding to needs demands a higher level of cognitive capacity than responding to desires (Stalker & Harris 1998). Desires are readily influenced by marketing, price changes and other variables. In consequence many people with learning disabilities are now manifesting health and social problems (e.g., obesity) at

similar or at greater levels to those found in the general population (see Chapter 2). Kenneth Reinhert has described this as the consequences of 'non-prudential desire' (Reinhert 2011). This might, perversely, suggest that their integration into the community has been a success. However this was not clearly one of the intended outcomes. This situation seems to have arisen because the support arrangements do not allow the specific needs of people with learning disabilities to be acknowledged and adequately addressed. (see the comments of Jim Mansell Chapter 2 p57)

The new wave liberation theologian Jung Mo Sung in his text Desire Market and Religion (Sung 2007) suggests that Christianity has consistently promoted 'the notion of the human being based on the distinction between the concepts of need and desire' (33). He supports this assertion by referring to a range of scriptural texts. For instance Matt.25.31-46 in which he suggests Jesus sets out the concerns for the neighbours fundamental need for food, drink, health and housing as the criterion for salvation and also the text of Acts.4.32-35 where the recognition and satisfaction of human need was 'the practical witness of the faith in the resurrection of Jesus' (p 33). Sung goes on to assert that:

To understand the differences between need and desire, their relationships, and the role of desire in the capitalist economy is fundamental in order to advance in our struggle for a fairer and more humane society. (p33)

We find similar sentiments expressed by Enrique Dussel in his text Ethics and Community. Here for example he writes with reference to Acts 2:42-47 that in 'the very early Christian community members received from the common store on the basis of each one's need' (Dussel 1988: 13) and it follows, he suggests that the essence of Christian life is being together with and for others. In fact a Christian community is only worthy of the name, if it responds to the material and

social needs of its members and others. Furthermore, he writes, 'without a theology of need, neither the Eucharist, nor community, nor justice, nor the reign of God will have intelligibility' (13). Recognising and meeting the needs of others is for Dussel 'an act of service, of diaconia, of love, of risk (because it is against the system)' and the objects of human need, food, housing, clothing are not just objects of desire, of consumption, but 'signs of goodness', particularly when they are 'the product of service, the justice, the praxis of liberation.' (64)

9.3.3 Social Networks as Markets – The Body as an Object of Consumer Choice

In addition to the negating of the distinction between needs and desires, in the welfare system consumerism also encourages people themselves to become commodities to each other, to become objects of desire, to be understood through an economic lens, when they possess or display characteristics whose value is established in the marketplace. For instance the theologian Katherine Tanner has recently written that:

... in the economic sphere, ... there is the increasing sense that commodity exchange has eclipsed other forms of social relation in modern life, thereby narrowing down the really possible to some such narrower subset of fact. (Tanner 2004: 353)

It is now widely acknowledged that consumerism, encourages people to pay careful attention to the image they present to others, since social acceptability and status, and the benefits that may follow from that, may depend on an individual's appearance.

This view arises out of widespread assumptions, particularly regarding the face. That the face somehow is a reflection of the self and indicates something about a person's inner character is widely accepted (Rivers 1994; Twine 2002).

Beauty may be positively associated with moral goodness. Furthermore in consumer culture, the body itself has become an object – ‘an object outside us’ about which choices can be made. It is therefore not surprising that body modifications or cosmetic enhancement are widely used so as to construct ‘a beautiful appearance and thereby a beautiful self.’ (Featherstone 2010)

Shelley Budgeon using Giddens’ theory of the structuration of the body (Giddens 1991) has written:

The blurring of the boundary between what is given and what is open to choice means that the self can be freed from bodily determination. Through the development of technologies and techniques such as genetic engineering, reproductive technologies, plastic surgery and health and diet regimes, bodies not only become objects of human management and reconfiguration but are increasingly central to ones identity. Like other aspects of identity the body is also the responsibility of the individual who may cultivate and actively restructure the corporeal through the pursuit of specific body regimes chosen from a diverse range of life style options. (Budgeon 2003: 35-36)

Their appearances and the way they present themselves to others may then be a particularly significant variable in a person’s ability to accumulate social capital.

Such cultural developments have profound implications for the ability of learning disabled people, particularly those who as in this study present with obvious physical impairments and facial disfigurement, to integrate into society, to be accepted and so accumulate social capital for themselves.

My own research, in another context, in residential and day care settings for people with a learning disability, has demonstrated that patterns of staff-client interaction, the amount of time devoted to engaging with and supporting clients, is influenced by the facial appearance of clients, among other variables. Clients whose physical appearance deviates significantly from the norm were shown to

receive less and qualitatively different staff care and attention than others (Crisp & Sturmey 1987, Crisp & Sturmey 1988, Crisp & Sturmey 1994). Many parents of children with learning disabilities are acutely sensitive to this situation and resort to cosmetic surgery for their children as a consequence (Cambridge 2002).

In the present study, staff were perceived to be important sources of friendship. However there were large differences between participants in this, perhaps a consequence of the degree of friendliness staff were perceived to have toward them. Some participants were possibly more 'popular' than others. People with learning disabilities simply are not able to exercise the same degree of control over their bodies and their appearance as others, although as our study demonstrates they do make the effort, and as such are clearly at a disadvantage in a social market place and culture in which appearance is so highly valued. As the theologian Jean Bethke Elshtain in her paper The Body and Projects of Self-Possession has written " ... it becomes quite easy to be rather casual about devising and implementing strategies aimed at selective weeding out or destruction of the bodies of those considered imperfect or abnormal." (Elshtain 2004: 151)

Pierre Bourdieu whose notion of social capital we have explored, has written extensively on issues of lifestyle and taste, not just appearance, but also patterns of consumption and possessions and their impact on social capital accumulation. He concludes that consumption is socially ordered and divisive. It forms, he suggests, a wider process of 'symbolic violence' whereby cultural capital becomes a weapon of exclusion (Bourdieu 1984). This suggests that the access of people with learning disabilities to social capital in the social marketplace may

be clearly related to their possession or otherwise of symbolic/cultural capital, valued in the marketplace.

Nancy Eiesland in her classic text The Disabled Body (Eiesland 1994) has through her own experience reached a similar conclusion. She writes:

Although people with disabilities span a broad spectrum of medical conditions with diverse effects upon appearance and function, studies indicate that whatever the setting, whether in education, medicine, rehabilitation, social welfare policy or society at large, a common set of stigmatising values and arrangements has historically operated against us. (24)

However Eiesland also writes:

Together people with disabilities and the able-bodied must be reconciled with the disabled God through Jesus Christ's broken body in Eucharistic repentance and celebration. (25)

Thus she suggests that participation in Eucharistic celebration gives access to a form of symbolic capital in which the erstwhile differences between the disabled and the able-bodied are marginalised.

In his profound reflection on consumer culture Being Consumed the theologian William T Cavanaugh also has this to say about the radical transformation of perspective that Christianity can offer:

In the Christian view, we do not simply stand apart, as individuals, from the rest of creation – appropriating, consuming and discarding. In the Eucharist we are absorbed into a larger body. The small individual self is de-centred and put in the context of a much wider community of participation in the divine life. (Cavanaugh 2008: 55)

As we have noted above (p257) one of the findings of this study is that of the many contexts and situations in which the participants of the study were involved, some of whom were facially disfigured, it was in the Eucharistic worship of the Church, that they were most deeply engaged, 'absorbed' to use

Cavanaugh's term. This we think is most significant and we will return to discuss its implications below.

9.3.4 Market Welfare Policies face Critical Scrutiny

However there is increasing evidence that traditional policies which have emphasised the advantages of market competition for human development and well-being, 'the system' as Dussel refers to it are coming under increasing critical scrutiny.

For instance, the capabilities approach initiated by Amartya Sen (Sen 1985, 1999, 2000), understands poverty and other forms of marginalisation as a multidimensional phenomena, characterised not only by low levels of achievement, poverty of functioning, in various dimensions (eg, size of relational networks) but also by a restrictive opportunity to choose among different options/resources that may be available. Sen suggests that 'a person's capability to have various functioning vectors and to enjoy the corresponding well-being achievements' is the best indicator of welfare (Sen 1985). This perspective shifts the welfare agenda beyond attention to say income, education and health, to consider a wider range of opportunities that may or may not be available in a particular context. The emphasis becomes one of enhancing capabilities combined with strengthening the ability to choose a route out of marginalisation. Within this analysis social capital moves from being a dependent variable to becoming an independent variable, in that satisfying and productive interpersonal relationships – the term relational goods is used – are understood as a capability to which individuals should have access as a route to furthering their developmental potential. This suggests that the accumulation of social capital

should not be left simply to market mechanisms but should be actively promoted through purposeful intervention. Martha Nussbaum is a strong advocate of the capability approach particularly in the context of establishing principles of justice which would include people with learning disabilities (see p35) (Nussbaum 2006). Again the capability approach is being actively explored for its compatibility with Catholic social teaching (Booth 2002).

An alternative, although not incompatible critique of market driven welfare policies is the basic goods approach. This asks the question, to what extent does a society provide its citizens with those characteristics they would willingly have for themselves and would rationally want those others to have with whom they are interacting. It distinguishes between 'basic goods' and 'goods of all kinds' (Reinhert 2011). 'Basic goods', Reinhert suggests 'are the subset of produced goods (commodities and services, public and private) that are characterised by their ability to alleviate suffering and meet basic needs' (2). The 'basic goods' approach then is closely linked with a 'basic needs' approach (Streeton 1978, 1979, 1984, 1994) and is explicitly focussed on the alleviation of suffering and deprivation based upon explicit ethical standards. These are standards which can be used to recognise and critique abuses across contexts. It yields objective measures, which are not tied to any particular social context (the capabilities approach raises complex issues of measurement), and rests upon an understanding of basic human needs which are 'universal' and 'knowable' (Doyal and Gough 1991: 4).

In the field of human welfare provisions the basic goods approach fosters the recognition and the focus upon un-met needs as evidence of basic goods

deprivation. It then seeks to mobilize goods/resources for those who are deemed deprived of those resources.

The basic goods/basic needs approach is becoming increasingly influential in the development of welfare policy. For instance there is a recent text by Steven Reiss in which he seeks to incorporate a needs based approach into the person centred planning arrangements of learning disability services that we have previously discussed (Reiss 2010). This is a very encouraging development. The text has been positively reviewed in the literature (Rashid 2012).

On the face of it, the basic goods/basic needs approach directly addresses some of the concerns that Dussel and other theologians have raised, in their critique of market capitalism, suggesting the possibility of a fruitful dialogue between theologians and policy makers using this approach.

In particular they appear to share the view that one's attitudes towards material goods is intimately connected with the necessity to be in concrete solidarity with others (option for the poor). What is also encouraging is that each approach shares a clearly articulated ethical framework.

9.4 Social Capital – The Consequences of its Ideological Baggage

Although in this study we have used social capital from an empirical social science perspective as a neutral dependent variable, it is clear however that it carries substantial ideological baggage. As we have discussed social capital theory has its proximal roots in the social contract theory of justice. The basic assumption here is that parties to a contract are of equal ability and power and are independent. In this context the idea of the citizen is one who, to use Martha Nussbaum's phrase is an 'independent bargainer' (Nussbaum 2004: 213) and

friendship involves relationships - relational goods - that are good for business, and last as long as the business lasts, what we have previously referred to as transactions.

Nussbaum has written that in such an understanding, 'the myth of the citizen as a competent and independent adult cannot sustain the weight of argument it is required to bear.' (1986: 51) Since it effectively excludes from citizenship significant numbers of disabled people among others, particularly those with a learning disability, hence her advocacy of capability theory. We have of course cited a number of studies, utilising Putnam's theory of social capital, which clearly suggest that citizenship is primarily or only available to those who are relatively wealthy, well educated and articulate and self-motivating. Frank Adloff, the German scholar has specifically attached the characteristics of 'self-motivated consumer orientated to self-fulfilment' to his understanding of citizenship (Adloff 2001: 9). Even within Church congregations, as we have shown, there is stratification according to income and ability, in access to social capital. There is also the danger that it is the bourgeois upper-middle class, articulate self-confident person that becomes the standard by which all other persons are to be judged.

As a way into the development of a 'deliberative or inclusive' democracy, Atherton (2003: 128) invokes the work of Iris Marion Young in her book Inclusion and Democracy (Young 2000). She suggests and he agrees, that the way forward for various minority/interest groups to receive a wider engagement with society is to work together on particular issues they might have in common, so as to achieve an 'overlapping consensus' to use the terminology suggested by Rawls (Rawls 1971: 388) and in this way to achieve shared objectives which might include greater social inclusion.

Each of these alliances, Atherton suggests is provisional, what Young calls 'differentiated solidarity' (Young 2000: 9). Whilst this approach might have some utility in resolving issues that are of a short-term nature it would appear to have little utility in resolving fundamental, longer-term structural deficits and needs. Although mutual practical assistance may be given, nothing more may be involved. Support may be within limited and explicit boundaries, with little shared or empathic understanding between the parties. When objectives are achieved, contact may terminate. Such short-term partnerships would appear to be a form of social capital under another name. In any event any form of strategy which involves bargaining, negotiating with others to achieve consensus in the pursuit of short-term objectives or fundamental issues such as citizenship rights, social justice, health, welfare and benefit rights, inevitably puts the interests of the marginalised, including people with learning disabilities, at a disadvantage over and against those who are articulate, resourceful and 'self-motivated toward self-fulfilment.'

Social capital, has two elements to it. In the first instance it is understood to arise out of the actions, the initiatives of individuals, who exercising their autonomy make choices between commodities (services, resources, courses of action). In pursuit of self-interest, individuals then form connections, bonds with others, which involve trust and co-operation and through which they are enabled to achieve the objectives they have set themselves. These stocks of trust and reciprocity that individuals accumulate in relationships with others (social capital) have a positive spin off, it is suggested, in that they lead to the formation of social institutions which result in a more vibrant and robust civil society. Social capital is then a side effect of the pursuit of individual self interest. Individuals will not enter into

relationships with others unless they recognise the advantage of so doing. Relationships with the poor and marginalised do not present such obvious advantages. Furthermore individuals will manage their time between various associated groupings according to the perceived advantages of so doing. Relationships may be abandoned, when objectives have been met.

In fact markets both commodity markets and social markets see great value in change and mobility between products and suppliers since this appears to stimulate new ideas and initiatives so as to retain market share. In effect, in the theory of social capital, pursuit of self-interest takes precedence over group solidarity. When services to vulnerable people are sold and delivered like other commodities in the pursuit of profit it is clear short-term objectives take precedence, such that significant aspects of their quality of life are systematically neglected because it is not in the interests of the market that it should be otherwise.

9.5 Towards an Alternative Paradigm

9.5.1 From Social Capital to Gift Relationships

We should note however that in our study of the life areas thought to be closely associated with happiness and well-being, the support staff we interviewed suggested that relationships with family and friends were equally or more important to them than their job, money, leisure activities or the home (p206). Even in a market driven consumer culture this is not an unusual finding. Numerous studies have indicated that relationships, particularly close social relationships and health are valued as highly as the pursuit of personal prosperity and commodity accumulation (Haller & Hedler 2006). Nevertheless the social

policy literature, does not recognise a qualitative difference between them. Relationships are understood as a form of capital – ‘relationship goods’, underpinned by instrumental and utilitarian motives and as such incorporated into general economic theory. They become one more set of ‘independent variables’ alongside ‘material goods’ in ‘the happiness equation.’ (Mota 2009)

One perspective that is highly critical of this position is the work of Amitai Etzioni particularly his book The Moral Dimension: Toward a New Economics (1988). Etzioni is critical of the rationalistic utilitarian individualistic picture of human nature. People he suggests also feel a commitment toward the community, have a shared identity and have shared moral values. The choices that people make are often inspired by affective and normative motives. Furthermore since individual’s cognitive capacities are limited not just those who are designated learning disabled, their ability to survey all possible consequences of their actions is also limited. Most choices are therefore not rational, or only to a limited extent. People are therefore not simply motivated by the pursuit of profit or desire satisfaction, but also act on the basis of internalised values and shared norms. The moral dimension of human action is therefore important. Etzioni envisages ways of relating which take us beyond individualism and utilitarianism.

From a similar perspective Katherine Tanner (Tanner 2006) has written of ‘possible ways of relating not restricted to those enforced in the present.’ (354) and that ‘submerged in the dominant paradigm of the moment, but available for creative reinvigoration, are the subdued influences and the remains in fragmentary form of other ways of arranging social life, both past and present.’ (354)

This extract is taken from a sustained reflection and critique of hers upon commodity exchange in which she endeavours to ‘suggest a radical alternative to

modern views of property and possession that underline capitalist forms of exchange.’ (356) It is here that she introduces a discussion of the notion of ‘the gift.’ Initially she draws upon the anthropological literature, upon studies of gift exchange in contexts in which market conditions do not prevail (eg, Mauss 1990). Anthropologist and ethnologists are agreed on the central role of moral obligation in gift exchange and because this obligation alternates between the parties involved durable social bonds and networks are created. Tanner proceeds to look beyond the economic forms of gift exchange that anthropologists have studied to consider directly theological traditions, so as to ask ‘what ideas about God’s giving (and human giving on that basis) would appear to most expand the economic imagination of contemporary people?’ (370) In referring specifically to human relations, she writes:

If human relations are structured in such a way that reflects the character of God’s own giving, they should be marked by unconditional giving – that is giving that is not obliged by prior performance and that is not conditional upon a return. (371)

Similarly Jon Sobrino has written to the effect that God’s free self communication creates the ‘graced’ human being who is then given the motivation and capacity to love others freely as he or she has been loved (Sobrino 1988: 38). From the perspective of the social scientist who is also a believer ‘God’s own giving’, to use Tanner’s expression, cannot be observed. However its character can be detected in the graced existence of the believer, as a gift, which is appropriated in relationship, and a matter of receptivity, a willingness to receive.

In Chapter 8 we suggested that it might be more appropriate to characterise the reciprocal assistance between the participants and others, particularly parents and their children we identified, as an unconditional gift relationship rather than as

a form of social capital. It is not unusual for instance to find parents of children with learning disabilities describing their experiences with their children in precisely these terms. Some will also understand their experience as a reflection of God's own giving, as Tanner suggests. For instance Martha Beck in her book Expecting Adam writes about her son who was born with Down syndrome:

I have been blessed with love both human and divine, and I believe that there is no essential difference between them. Any person who acts out of love is acting for God. There is no way to repay such acts, except perhaps to pass them onto others. (Beck 1997: 296)

From this theological perspective, humans are empowered to give only because we ourselves have been given, and the first giver is God, who gives unconditionally. In accepting God's gift we become givers ourselves, this defines who we are and establishes solidarity with others, recognising that we do not belong to ourselves. (McDonagh 1975: 77) As Stephen Webb suggests the end point of this giving then becomes a community that responds to giving with further giving. (Webb 1996: 129)

Likewise the Vatican Council document Gaudium et Spes refers to persons as gifts to each other stating that 'man who is the only creature on earth which God willed for itself, cannot fully find himself except through a sincere gift of himself.' (GS 24)

The bonds that unconditional gifting creates are not the contractual/transactional bonds of the social market place, which are only of value as long as the transaction lasts, as long as the parties have something to gain from the relationship. Unconditional gifting, forms relationships which are symmetrical and ongoing. It is our indebtedness that leads us to becoming givers

ourselves. Connections with others are formed that lead us to acknowledge our interdependence.

Furthermore gifting as understood here is different from the situation Robert Wuthnow relates in his book Acts of Compassion: Caring for Others and Helping Ourselves where he describes the situation of Jack Casey who combines a commitment to voluntary work with a 'rugged individualism'. How is it Wuthnow asks that:

Jack Casey (who devotes fifteen hours a week to voluntary work) is able to be such a rugged individualist and so deeply compassionate at the same time? How is it that he manages to risk his life in the service of others and yet hold firstly the conviction that he is number one? How does he manage to devote himself so selflessly to the community and still to be the iceman who depends on no-one? (Wuthnow 1991: 17)

Whatever the explanation for Jack Casey's ability to be committed to giving on the one hand and pursue his own interests so ruthlessly on the other, it is legitimate to ask which takes precedence over the other and in what circumstances?

Essentially the value of the gift is not in possession but in dispossession. Gift giving is essentially expansive it involves letting go, it risks vulnerability, it moves outward which is quite the opposite to accumulation. The importance of the gift relationship is not so much in the gift that is passed on but in the trusting relationship that is established. Trust here is not the trust found in market exchange, it is not the trust of social capital, it is not simply concerned with honesty or integrity within a transaction, rather it is trusting that involves, the knowledge that others will be there when we are in need and likewise our commitment to them, to be there when they are in need, self-interest is marginalised. As Katherine Tanner expresses it:

Having received gifts ourselves from God and from all those others in whom we are in community through Christ, we give to others, rather than withhold from them, rather than hold what we have simple as our own. (381)

9.5.2 Worship as the Primary Locus of the Gift Relationship

There is a rich and substantial theological literature on gift relationships, but in the Catholic tradition this unconditional giving of God to ourselves is particularly understood within the ritual of the sacraments. The theologian David Power in his book Sacrament: The Language of God's Giving considers every sacramental celebration as 'economy of gift' because God comes to us as a gift to the other through the self-sacrifice of Jesus Christ, which is bound up with the emancipation of the oppressed. Both Eiesland and Cavanaugh have written on the emancipator potential of the Eucharist (see also Forrester 2000: 91, p156). Power continues that in 'gift or gifting ... the accent is placed on the remembrance of Christ's self-emptying love, which through the sacraments enriches those who celebrate, we can write of sacraments as economy of gift.' (Power 1999: 11)

And of course God's gift to us is not dependent upon our capabilities. Wolf Wolfensbeger has written, 'God loves all his children even if they do not reciprocate that love' (Wolfensberger 2001: 81). The gift received through sacramental celebration is not then as through a commercial transaction. It is a gift of love (agape). In sacramental giving there is a reversal of market relationships. This has been emphasised by the theologian Louis-Marie Chauvet in The Sacraments: The Word of God at the Mercy of the Body. Chauvet was also influenced by Marcel Mauss. Chauvet writes:

The grace of the sacraments has no value that can be calculated or capitalised upon. It is not a commodity in the market of values and usefulness. Its name, 'grace', indicates that it is not an object to be received ... The grace of the sacrament must be regarded less as

‘something’ ... than a process of ‘receiving oneself’ as daughter or son, as sister or brother in Christ through the Spirit. (Chauvet 1997: 88-89)

Thus through the grace of God received in the sacraments we come to understand our existence as self-giving to the other. The gifts we share in celebration and receive should create communion and build community. Power notes that in the Eucharistic assembly people:

Bring gifts in gratitude for what they are and have, in a sense of communion with others, and especially to bring into the assembly the richness of their lives and the depth of their need. They bring gifts that express themselves, the urges and needs of life, expecting to encounter the needs of others ... What they bring will be blessed, shared and increased by God’s own giving. In the blessing of gifts, it is life itself that is given increase. An exchange, an economy is opened up in which God’s initiative outstrips humanity’s and brings about a new order. (Power 1999: 316-317)

The Church’s response to this self-giving of God is worship through which the pursuit of justice, liberation, mercy and forgiveness is pursued, an essentially ethical response. As Dan Saliers has written ‘Liturgical celebration of word and sacrament and the domain of social justice are equally grounded in the self communication of God in Jesus Christ.’ (Saliers 1994: 172) Similarly liturgy cannot be authentically celebrated if in the process it accommodates itself to unjust structures (Dussel 1982: 63)

So as Rafael Avila asked in his book Worship and Politics:

Why not welcome in the Eucharist the voice of those without voice, the prophetic voice, the contesting voice, the voice of the poor who have no access to any other means of communication? Is it not the responsibility of the Church to make the voice of the silenced and suppressed resonant in the Eucharistic environment? (Avila 1981: 102)

The catechetical endeavours of the Church toward people with learning disabilities to participate in the liturgy of the Church (see Chapter 3) might not have been justified in the terms that Avila uses, but the consequences are that

their voice does resonate in the 'Eucharistic environment' as hitherto it did not. As we have indicated before of all the contexts in which we encountered people with learning disabilities in this study, it was in the worship of the Church that they were most confident and self assured, most at ease in the company of other worshippers and they with them. Worship offers a source of liberating praxis and a vision of what might be. David Pleins at the conclusion of his study The Social Vision of the Hebrew Bible captures this liberative, transformative value of worship when he writes:

The voice of worship operates from the depths of suffering to the heights of praise. Worship at its best incorporates all the community's needs, wants, failings, hopes, and dreams, while through attentiveness to God draws individuals out of themselves toward the communal project of building the city of God on earth. (Pleins 2001: 531)

9.5.3 Gifting and Social Welfare Policy

Stephen H. Webb in his book The Gifting God highlights the existence of a significant policy disagreement in the United States centred around the importance of 'gift giving.' A similar debate is on going in the UK (Pinker 2006). 'Although,' he suggests, 'private acts of donation are widely lauded as critical for the health of our society, public acts of giving are coming under increasing scrutiny' (3). One argument suggests that 'giving must be connected to merit, and gifts should be earned ... The language of giving should reflect the language of business and economics. A gift should be an investment.' (3)

The contrary position 'persists in defending a giving without strings attached, without that is an explicit expectation of a return.' (3). Both these positions Webb suggests have theological roots, since 'how we think about God's giving will shape how we give to others' (4). We noted in Chapter 1 of our study that in the context of charitable giving the deserving/undeserving distinction was

relatively unimportant in the Catholic tradition, but important in the protestant tradition (p19). Similarly Tropman's distinctions have a bearing upon this (p16). Webb's book is devoted to seeking a theological reconciliation between these two perspectives.

In this study we have identified the presence of reciprocal gift relationships as a significant feature of the lives of those participants and their network who were members of a Christian parish community and this distinguishes them from the first sample we studied where such relationships were largely absent. Again because these relationships were seen to be unconditional gift relationships, not dependent upon any return, they cannot readily be explained within an economic model nor as a form of social capital.

We have also associated these relationships with a theology of God's giving which emphasises its unconditional nature and a relationship with God that is primarily ethical rather than cognitive, a relationship that is expressed supremely in the act of worship.

The samples of participants in these studies were small and as such it is hazardous to attempt to draw definitive conclusions. However we can suggest that the value of membership of a Christian community for people with learning disability and other marginalised groups appears to arise when they are enabled to participate in reciprocal gift relationships, interdependencies, which characterise such a community when, to use Moltmann's expression that community is true to itself. This Jon Sobrino describes as 'the basic solidarity of the Church with its poor and oppressed ... maintained as a process of mutual giving and receiving.' (Sobrino 1985: 5)

Both Katherine Tanner and Louis-Marie Chauvet pursue a methodology which anchors their reflections on 'the character of God's own giving' as unconditional giving, in an understanding of human giving and symbolic relationships. The intention here as Tanner suggests, is to 'expand the imagination' (370), or to consider ways of 'arranging social life' which take us beyond 'the dominant paradigm of the moment' (354). In the course of their reflections both Tanner and Chauvet consider the work of Marcel Mauss to be particularly significant. What is important for our purposes is that there is a significant, but somewhat neglected strand of social theory and policy, which has also been influenced by Mauss's work. In fact in his original work Mauss suggests that he seeks to 'extend' his 'observation to our own societies' (65) and in so doing considers a number of welfare policy developments such as social insurance legislation and support for children and families, that were current at the time Mauss was writing, as a 're-appearing' of the significance of 'the gift, where obligations and liberty intermingle' (65). A significant text in the history of British social policy which was influenced by Mauss's work is that by Richard Titmuss, The Gift Relationship in which he considers the blood transfusion service and the commodification, procurement, processing and distribution of blood. One of Titmuss's objectives was to draw a sharp distinction between the social and the economic in public policy between altruism and egoism and to reintroduce a culture of giving into modern welfare systems, in that welfare is about helping everyone to learn how to give as well as receive. 'The social relationships set up by gift exchange,' Titmuss writes, are among the most powerful forces which bind a social group together. (Titmuss 1987: 73).

The gifting we have identified in this study is that associated with family relationships and the close ties of a small community. This may not be the form of gifting that Titmuss sought to promote and we are not suggesting that the family and small communities are the only contexts in which people with learning disabilities flourish or the only contexts in which gift relationships might be located. Nor are we suggesting that the reciprocal relationships found in families and small communities are readily replicated in the wider society. Nevertheless the concern Titmuss sought to address, fundamentally the colonisation of social welfare by economics, is still a live issue and gifting offers an alternative, 'a possible way of relating' about which the Christian tradition can speak with some authority and experience particularly so at this time when we have seen 'the emphatic return of faith to the public table' (Dinham, Furbey and Lowndes 2009: 1). As Jon Sobrino has written, the basic solidarity within the Church, 'maintained as a process of initial giving and receiving' forms the basis by which the Church may relate to others, to society beyond its boundaries (Sobrino 1985: 4 - 5). In effect he suggests the relationship between Church and society should be a gift-relationship, the Church should understand itself as gift, a relationship of mutual giving and receiving rather than as a transaction or a capital relationship. It is then that the Church's basic gift relationship with the poor and oppressed becomes a model from which policy makers themselves can learn.

APPENDIX I

STANDARDS FOR ESSENTIAL LIFE-STYLE PLANNING

STANDARD 1 – I choose who I live with

This means:

- If I want to, I live on my own.
- If I want to live with someone, I get help to work out what kind of person I want to live with.
- If I want to live with someone, I choose my new housemates, along with any other people who live with me.
- If I'm unhappy about who I live with, I get help to change things.

STANDARD 2 – I choose where I live

This means:

- Someone helps me to work out what kind of place I want to live in – and where I want to live.
- Someone helps me to understand what choices I have so that I can decide for myself where I live.
- If I'm not happy with where I live, I get help to change things.

STANDARD 3 – I have my own home

This means:

- If I rent, I have a tenancy agreement that is easy to understand and it gives me the same rights as anyone else.
- My landlord has no control over my support workers.
- My support staff have no control over my housing.
- It's up to me what happens in my house, and what the rooms are used for.
- It's up to me (and the other people I live with) how my house looks.
- My house does not look like a workplace for support staff. They do not hold meetings or get their post sent to my house, unless I say it's ok.
- People do not smoke in my house unless I say it's ok.
- No one has the keys to my house unless I have given them a set. Even then, they should always knock and wait for me to let them in.

- Someone helps me to understand my rights and responsibilities as a tenant or home owner.

STANDARD 4 – I choose how I am supported

This means:

- I get help to understand how much support and what type of support I want (and need); and this matches the support I get.
- Support workers are there to support me. They fit work around me and my choices, and it is not the other way round.
- My support workers know what kind of help I want and don't want from them. I get just the right amount of help for me.

STANDARD 5 – I choose who supports me

This means:

- I get help to know about the kind of people I want to support me. I decide whether they are men or women, their age, the skills they need, the type of personality, interests and life experiences they have.
- I take part in choosing my support staff, advocates and Circle of Support (if I have one) and I am happy with them.
- If I am not happy with my support staff or the job they do, I will get help to make changes.
- If I do not like a member of staff, I do not have to have them working with me.

STANDARD 6 – I get good support

This means:

- I am happy with the way support staff talk to me and I like the way they treat me.
- I can get to know and trust all of my support staff really well because they have supported me for some time.
- Support staff can communicate well with me. They know how I show my feelings and 'listen' to my words or actions, even if I am angry or upset. There is trust between us.
- I am happy with the way support staff give me personal care and other support.

STANDARD 7 – I choose my friends and relationships

This means:

- My support staff know who is important to me. They help me to spend time with who I want.
- I get enough support and space to help me with my relationships, and I can get to know new people if I want to.
- I have the same rights as everyone else to choose my relationships. My support workers give me support and advice to help me make choices about my friendships and relationships.
- My friendships and relationships are my responsibility and I can sometimes make mistakes, like everyone else.
- I have the same rights as any adult to have a romantic or sexual relationship with people I choose. If I am vulnerable to people taking advantage of me, my support staff help me to think about this, and plan how to keep myself safe.

STANDARD 8 – I choose how to be healthy and safe

This means:

- My support workers and I know about the risks I might take, and we have agreed ways of dealing with them.
- I have a say in what is safe for me. Support workers help me to take risks sensibly so that I can do what is important to me. I am not stopped from doing things just because other people worry.
- Staff know about my fears and worries and they help me to feel safe in and outside my home.
- I get friendly advice about my body and health but I don't have to take it. I can decide for myself.
- I get help to understand about treatments and medicines and about the choices I have.

STANDARD 9 – I choose how I take part in my community

This means:

- I get help to understand what there is to enjoy near where I live and to get to know my neighbourhood.

- I am supported to join groups that I am interested in and make links with other local people.
- I have the support I need to get a job, learn new skills and travel more independently if I want.
- I am supported to contribute to my local community in ways that I choose, and I am not made to go to places that I don't want to.
- I understand that I can use the same local services as everyone else.

STANDARD 10 – I have the same rights and responsibilities as other citizens

This means:

- I am supported to understand my responsibilities about money and how to use it. This helps me to use my money the way that I want to.
- I am supported to understand my rights and responsibilities as a tenant or home owner.
- I know how to complain in a way that is easy for me. I get support to do this. When I complain people listen to me and take me seriously.
- I know what information other people keep about me. It is private and kept in a way that I can understand. I can see this information whenever I want.
- Support staff help me to understand the things that are going on around me or that might affect me. They help me understand the news and politics so that I can vote if I want to.

STANDARD 11 – I get help to make changes in my life

This means:

- People around me listen to what I want and how I feel. I get support and feel comfortable talking with them about my dreams and plans.
- I can plan how I want my future to be. I get help to plan with people who care about me, in a way that helps me to have more choice and be more independent.
- If I need meetings to make changes, I decide when and where I have those meetings. I decide who comes and how to run the meetings. I am always the most important person at meetings about me.
- I am supported to get an advocate if I need one.

MY PERSON CENTRED PLAN

NAME:

DATE OF BIRTH:

DATE INFORMATION COMPILED:

REVIEWED/AMENDED:

RELIGION:

MY FILES ARE ALL COLOURED:

BRIEF HISTORY

(Significant past events/where I used to live/my family details, including significant losses)

I used to live at home with my mum and dad at

I now live at The Hollies with

My mum and dad visit most Friday mornings and I sometimes see my brother and sisters too.

MY CURRENT LIVING ARRANGEMENTS

(Who I live with / brief description of my accommodation/type of support)

I live with XXXXX and XXXXX in a Registered Care Home which has 24 hour support. The XXXX is a bungalow with full disabled facilities for me. I have my own bedroom with my own personal things in it and I share the rest of the house.

MY INTERESTS/PERSONALITY

(Things I like/things I do not like/what is important to me/how I show my feelings/how I like to spend my time)

I really enjoy flicking through a newspaper - these are very important to me so please do not take them away from me or forget to give them to me. I also enjoy my own company at times but love people chatting to me - will let you know which I want by my actions - if I ignore you, its just that I am not in the mood. I need to get to know people before I open up to them - I will come to you in my own time, even though this may take me a while. If I am not responding to you, leave me alone for a while and I will come to in my own time.

I love to have my football with me when I am relaxing in bed in the evening watching the soaps, so please make sure you offer it to me - don't forget, I can't get it for myself if it is out of reach. If I don't fancy watching the soaps I will let you know by not showing any interest in it - you can try putting my music on for me instead. I love any music and I have a good selection in my room - I enjoy listening to them all. I enjoy either my music or T.V. on when I am relaxing in bed in the evening as I like to go to bed a couple of hours before I go to sleep - it helps me unwind and I will go to sleep when I am

ready. I like the light on when I am relaxing, but you can turn them off when I have gone to sleep.

I have a great personality and when you get to know me, you will find out how fun I am - I have a really infectious laugh and my smile lights up my face!

COMMUNICATION

How I usually communicate:

I cannot have a conversation with you, but I can let you know lots of things by my actions, facial expressions and shouting and laughing. I shout "OK" - especially when something is right!

If I am ill or off colour:

I usually show this by being lethargic, not wanting to move or be moved (at which point I could raise my hand up to let you know I can't be bothered. I will then push you away if you don't take any notice of me). I also tend to lose my appetite and cannot be bothered eating or drinking sometimes. I really need you to encourage me to eat and drink though, as I am slim anyway - and in the past I have ended up very ill through losing a lot of weight. I can have an infection at times which makes me react in this way, and also I have been known to have an increase in seizures. At times like this, I need to see my GP urgently and need anti-biotics to get rid of the infection.

If I am in pain:

Again, it is a bit difficult to tell, but I usually am very quiet and withdrawn. If I am fidgeting with a particular part of my body and I seem really off colour, it could be that I have a pain - you must try to work it out by process of elimination as soon as you can. My mum also reports that when I am in pain, my eyes can appear dull and grey.

If I am happy or I like something:

I give a big smile and clap my hand and shout happily. I will also reach out. I really show you that I am enjoying myself.

If I am unhappy or I don't like something:

I will push you or the object away or again, just hold up my hand. If it is food or drink, I will hold my lips together and turn my head away. Again, leave me for a little while and try again later.

If I want something:

I clap and smile and shout "OK" and clasp my hands together - my face lights up! I will also stretch out with my arms.

If I don't want something:

I will not have it. Again, I will put my hand up or turn away from it. I will let you know when I do want it. Just try again later.

If I am tired or I want to go to bed:

I will get very irritable and will want to be left alone. I will kick off my shoes or slippers and throw my paper and start shouting. If you offer me something else instead, I will push you away. If you ask me if I want to go to bed and bring the hoist in, I will get very excited and shout "ok" and clasp my hands together.

If I am bored or fed up:

I will curl up in the chair and throw my newspaper. Maybe I am bored with what is on the TV or want to look at another newspaper or magazine, or maybe I want to go for a walk or out on one of my activities. Please try different things with me to alleviate my boredom.

If I am hungry or thirsty:

If there is a drink about I will reach to it and shout, the same with food. I will get very excited once you bring me something. Always offer me food and drink if you are not sure what I want, I will let you know if you get it right.

If I need my own space:

I will not be interested in you or anything that you do to try and get me involved. Don't always worry that there is something wrong - sometimes I just enjoy my own company.

If I need support to use the toilet:

I use pads and cannot tell you that I need support to use the toilet so most of the time you will not be aware if I need the toilet. However, sometimes if I need my bowels open, I will make noises (like I am struggling).

HEALTH AND WELL-BEING

My health needs are:

(General health/Exercise/specific health issues, i.e. epilepsy, dysphagia, hypertension, diabetes, high cholesterol, sensory impairments, dietary needs, ethnic or cultural issues, allergies, skin conditions etc.)

NB. Reference any specific guidelines in place and current Health Action Plan.

I have epilepsy and take medication to try to control it. I also have an Epilepsy Alarm which is attached to my bed under my mattress. Please check that this is switched on and working every night by tapping the mattress quite hard - a red light should light up with each tap on the monitor. This is checked weekly to make sure that it is working properly. If I have a seizure at night, the alarm will sound in the office so that you can come and make sure that I am alright. No harm should come to me whilst I am in bed, but check for my breathing and make sure that I am have recovered fully before you leave me (see full guidelines in PRS file for action). Please record all my seizures on the chart in the back of my medication file so that we can keep an accurate record. This can then be used to ascertain as to whether my medication is working correctly. If there are any marked increases in seizures, please make me an appointment to see my GP, it could be that I need a medication review or it is thought that an increase in seizures could be a result of an infection which could need treating with anti-biotics. To ensure my safety, please read my Epilepsy Care Plan and always follow the guidelines contained in it.

Prosthetics/Catheters/Tube feeding/Stoma Care etc. (List):

I have none.

Hearing Aids/Spectacles/Dentures (List):

I wear glasses for reading my paper, watching TV etc. I love wearing my glasses so please do not forget to put them on for me in the morning - and don't forget to clean them so I can see through them properly!

Mobility:

(How I get around and any Aids & Adaptations I use, including special footwear)

I do not walk at the moment even though I can weight bear very well. I have straps which must be fitted on all my chairs, wheelchair, lounge chair and shower chair - please do not forget to use these at all times, for my safety, as I have been known in the past to push myself forward, especially when I was younger. However, again, I very rarely do this anymore.

I use a wheelchair and obviously need support staff to push the chair from me. I have a padded chest strap, a waist strap and two smaller straps which go round my ankles - to keep me well supported and safe and secure.

I always use a hoist when moving from one place to another - bed to chair/shower/getting up etc. I need two members of staff to help me to use the hoist properly and full guidelines and training are given to all staff to ensure they use the hoist safely and correctly to avoid hurting me or themselves. Please follow all the guidelines in place correctly (these are in my PRS File and in a blue folder in my bedroom). All staff will receive training in-house on the correct use of the hoist and will also experience being hoisted themselves so they know what it feels like, and Moving & Handling Legislation Training and if there are thought to be any changes in my needs, then the Moving & Handling Assessors will come out at any time and re-assess and make any changes to the equipment, training and guidelines as necessary.

Medication Support Needs:

(Specify how I take my medication and what help I need)

(1:1 SUPPORT)

I cannot administer or take my own medication without a member of staff to do this for me. I have to be given my medication from a spoon. Pour the medication into the medicine measuring tubs - making sure that you get the dose exactly right and then pour them from this onto my brown plastic spoon and I will take it from there. Nearly all my medication is in liquid form now except for 2 x senna at night, which are small tablets so I can manage to take them. I really hate the red medication (Epilim) so it is best to give me that last - if I have it first you will struggle to get the rest down me! Please also give me a drink afterwards - preferably tea - to get rid of the taste.

Eating and Drinking:

(General guidance around food and drink/preferences/ethnic or cultural dietary needs/dislikes/utensils used/safety issues/reference to any specific guidelines)

I have an eating and swallowing disorder called DYSPHAGIA. Therefore my eating and drinking guidelines in place from the Speech and Language Therapist are very important for my health. I eat my meals in the dining room with everyone else and sit in my lounge chair or my wheelchair for my meals. I can feed myself when I am in the mood but I sometimes can't be bothered. However, please do not automatically start to feed me - support my independence and empowerment by trying to encourage me to do it myself. I will hold my cup (see-through plastic cup with two handles on either side) but I need staff to put their hand close to the bottom of the cup to keep it steady. I have all my foods blended to a certain consistency, and my drinks are thickened with "Thick & Easy" (Sometimes I may be on "Nutralis" or another equivalent but it is all the same and mixed the same way). Please ensure you are familiar with my eating and drinking guidelines in my PRS File and also there are food charts above the small sink in the kitchen. If in

doubt, please ask - these guidelines are very important to my health, as foods with lumps in or drinks which are too watery could cause me to be very ill.

I sometimes need to be encouraged with verbal prompts to eat my meals, but it is important that I do not miss too many meals and that if I do, everyone is aware so that they can encourage me further. It is quite difficult to tell if I have any particular dislikes with food as sometimes I can refuse something, but the day after will eat it - I suppose it depends on my mood. If I do refuse a meal, leave me alone for a while and then try again a couple of times. If I still refuse then it may be better trying me with something else. There are always packs of "Fortisip" in the cupboard which I can drink - they are meal replacement drinks which we keep and give a balanced nutritious supplement if I am not eating. However, please don't use them as an easy option - try to encourage me to eat.

I use a medium sized brown plastic spoon to eat with so that I don't hurt myself on a metal spoon.

I particularly like my cups of tea, with whole milk, two sugars and thickener. I don't particularly like cold drinks but in hot weather you can try to encourage me to drink as much as possible - don't forget my "Thick & Easy" in all my fluids though.

Everything I eat is recorded at each mealtime on a Weekly Menu Sheet so that we can keep an eye on my diet and make sure that it covers all my nutritional needs. It is kept on the inside of the kitchen cupboard. Please indicate what I have by putting and also please log down whether I refuse it.

N.B. - PLEASE FOLLOW ALL GUIDELINES IN PLACE REGARDING EATING AND DRINKING AND ALSO ADVICE FROM THE COMMUNITY DIETICIAN. THIS IS SO THAT I CONTINUE TO MAINTAIN & MAYBE GAIN WEIGHT.

I AM WEIGHED MONTHLY TO MONITOR THIS AND IF MY WEIGHT DROPS BELOW 7 STONE THE S.A.L.T. AND COMM. DIETICIAN ARE TO BE INFORMED IMMEDIATELY SO THAT THEY CAN RE-ASSESS AND CHANGE GUIDELINES IF NECESSARY.

MY INDIVIDUAL SUPPORT NEEDS

*** In each section I have listed my preferences and needs for toiletries & personal linen and the specific level of support I need, including any ethnic/cultural needs.**

Bathing & Showering:

Before I go into the shower or have a wash I usually have a shave. My electric shaver is in my bedroom on the top and is always left on charge. Please let me know that you are going to start shaving me - don't just come at me with the razor. And PLEASE give it a clean out with the brush when you have used it as if it gets clogged up it will not shave me properly and then I get annoyed at you keep trying! FOLLOW THE GUIDELINES ON MOVING AND HANDLING FOR ME HAVING EITHER A BATH OR A SHOWER. I need 2:1 support from staff when I am being hoisted from my bed to the shower chair. Once in the chair, please ensure that the waist strap is fastened to ensure my safety. I can then be wheeled into the shower room - not forgetting to make sure I am completely covered up on the way! When I am having a shower I need 1:1 support and sit facing the wall in the chair, so that if I have a seizure or any other difficulty it is easier for the staff to pull the chair backwards out of the shower section. I use a pad in the bottom of the bath which gives more shape and is more comfortable for me - don't forget if I do experience a seizure in the bath to pull the plug out, protect my head by using a rolled up towel against the side of the bath and cover me with a towel. As soon as the seizure is over I can be given a few minutes to recover and then, as the hoist stays on me during my bath, I can be lifted out and returned to my bed.

I am quite limited as to how much I can do for myself to make sure that my personal hygiene is properly managed staff need to ensure that the water is the right temperature - not too hot and not too cold! When washing my hair, can staff please put the shampoo onto my head and wash my hair for me - give me the opportunity to try to do it myself for a moment - the more I try, the better I will get at it. Staff will then have to rinse my hair and make sure that all the shampoo is out. I don't use any particular brand of toiletries - just what I have bought when I replace them - all my things are in my own personal shower bag which is grey and semi-circular in shape. I also need staff to put my shower gel onto my flannel and wash me - again, give me the opportunity to do some myself. Once I have had a good wash I will need the staff to help to dry me to make sure I am completely dry. My towels are the green ones.

Showering:

As above

Haircare:

I have a "number two" cut with my own hair trimmers. I like the staff to do it for me as I don't like all the noise and bustle at the barbers' shop. I like to have it done at home where I am comfortable and relaxed. Only people who know how to cut hair though please! Even though you can't hurt me, with the guard on the trimmers - I like it to look neat and tidy.

Continence Promotion:

(Any incontinence aids I use/any routines I follow/level of support I need)

I wear continence pads all the time now because of my restricted mobility and I find it difficult to tell you that I want to go to the toilet. My bowel movements are closely monitored - both on the continence chart in the back of my medication file and in my daily diary. This is because I can become compacted. Therefore, if I have not had a bowel movement for THREE consecutive days' I will take MOVICOL - one sachet three times a day until I have a bowel movement. On-call must be notified before I take my first sachet and told that I will continue to take until there is a result. This must also be recorded in the communication book and my daily diary so that all the staff are aware that I am on it and when I need to stop taking it. I am not relying on this medication as much now, and seem to be managing to control my own bowel movements very well.

Please also remember to regularly check that I am not wet or soiled and if I am, please change me straight away - as you can imagine - it gets very uncomfortable.

Dental Hygiene:

Whilst I am still sat in my shower chair, or led in the bath, I have my teeth cleaned. Again, I need the staff to put the toothpaste on the brush and put the brush my teeth for me - but again let me try. My toothbrush and toothpaste are also in my shower bag. I do not like my teeth being brushed at all but please try and persevere - it is in my best interests not to get toothache!

Shaving:

I usually have a dry shave and have my own shaver which is in my bedroom. I need you to shave me as I cannot manage to do it on my own. I usually have a shave when I am still in bed in the morning as I am then led in a great position for being shaved. Please put a towel round my chest under my chin to catch any bits. Remember to clean my shaver out every couple of days as if you

don't, it doesn't cut properly. My dad always gives it a really good clean every week when he comes to visit me. Its not that he has to - it's something he likes to do for me.

Dressing/Undressing:

I am supported to get dressed on my bed and so need hoisting back onto my bed the opposite way. Again, I need staff to dress me - it is not because I can't do more - it is because it is very difficult to get dressed lying down! I can and will hold my arms and legs out and push them into sleeves, legs etc. I will also start to turn etc - just ask me to. I cannot manage to fasten buttons or zips so staff will have to do that for me. Please always make sure that I look nice and straighten my clothes out for me once I have used my hoist to get into my chair. Sometimes my clothes can be twisted from dressing and it is very uncomfortable if they are not straightened out. The same also goes for undressing - again though I will help myself as much as I can, just ask!

How I like to look:

(Including beauty products/hairstyles/accessories/jewellery/clothes/shoes/cultural styles etc.)

I like to look smart with clean shoes and clothes etc. I also like to wear smart clothes that are fashionable. I enjoy wearing my glasses.

HOUSEKEEPING SKILLS

(A list of things I can and cannot do around my home / the support I need / any aids and adaptations I use)

Cooking:

(Including drinks and snacks as well as main meals)

I cannot do any cooking or making snacks or drinks but do love to watch others doing it and I like to be involved in the process by you talking to me.

Cleaning:

Again, I cannot do any cleaning but like to get involved by being there and watching. I will hold the vacuum cleaner nozzle and even though I get fed up very soon with it, please give me the chance to do my bit!

Laundry:

If you put some of my laundry on my knee, I will sometimes throw it into the laundry room on my way past - again, please give me the opportunity to do some things for myself, the more I do, the better I will become!

Household shopping:

I take my turn to go household shopping with a member of the staff team for the week and enjoy this. I always get in a black cab to come home as I cannot

get in and out of a normal taxi myself and there is too much shopping to carry home on the bus. I also go shopping to buy fresh vegetables for the house. This is part of my weekly activity structure. I get to know people in the local area and enjoy this. Obviously, when I do go out in my wheelchair, I cannot get out of my chair as I do not have a hoist. I need to use wheelchair accessible transport or be pushed to where I am going - "Low-Line" buses are perfect as I can just be wheeled on. Other than this I can also use trains as long as they have a ramp for me or taxi's which are wheelchair accessible.

Personal shopping:

I go to buy all my own personal items, clothes, toiletries, presents etc and am supported by a member of staff to do this. I usually go and come back on the bus, but if I have a lot to carry, I can get a taxi back.

Gardening:

I can't do any gardening really, but I do enjoy sitting out in the garden, as long as it is not too cold and if it is hot and sunny, I sit in the shade. Again though, I enjoy watching others pottering around and like to get involved.

Dealing with my post:

I cannot open or deal with my own post and so need the members of the team to do it for me. Please remember it is my post though, and open it with me and tell me what it is about.

How I like my room to look:

I love my room to look cosy as I like my time in my room in the evenings. I love to have my lamps on and my TV or music. I have pictures of my family all around my room and these are very important to me. I also like my room to be clean and tidy.

FINANCES

(Here are details of the support I need to manage my money, claim my benefits, pay my bills, save for my holidays etc.)

- DETAILS OF THE BENEFITS I CLAIM AND THE AMOUNTS I HAVE BEEN AWARDED ARE KEPT ON THE FINANCE SHEET IN MY P.R.S. FILE.

I have all my benefits paid into my bank account and my manager supports me to access my bank account and write out cheques. All my bills are paid by the Company who provide my support as my home is registered. I get a payment, also from the Company towards clothes and holidays every year and this is also paid into my bank account by cheque every April. My personal money for everyday things is kept in my tin in the office and all monies I spend are accounted for through my finance book to ensure that everything is fine.

PERSONAL RELATIONSHIPS AND SEXUALITY

(Details of the support I need around my personal and intimate relationships, my sexuality and sexual preferences, and my understanding of these issues)

* References any specific guidelines in place.

I have no issues surrounding this area at this moment in time.

MY SOCIAL AND LEISURE TIME

Activities:

(What I like to do/do not like doing/my regular routines/the level of support I need when I am out in the community)

I have a structured activity plan for the week which is changed regularly when new activities are tried and in summer and winter (as obviously I don't want to spend too much time outside when it is cold and wet). Please see my current Structured Activity Sheet for details.

Hobbies/Interests:

As mentioned before, I love my newspapers, my football, music, films etc and have a large choice at home.

I also enjoy seeing shows where there is lots of music and colours and activities going on.

I love activities where there are things going on that I can watch - please keep trying to find me new and interesting things to do - the more things I try, the more I may find that I like.

Holidays:

When I go on holiday, I need the support of two members of staff - obviously because of moving and handling issues and also because it is a different environment and I could be at risk from unforeseen dangers.

I like the seaside and places where there is lots of different things to look at, and like to go somewhere different every year. A lot of the fun is looking at the brochures and staff helping me to choose where to go.

Socialising:

See above for my activities.

Contacts with my family and friends:

I see my mum and dad most weeks and they come and visit me, usually on a Friday morning. However, they are getting a little older, so we have discussed with them that if they have any problems, I can go and visit them at home, if they are struggling. I went to visit when Dad had his hip operation and I

really enjoyed it! They are very happy with this and know to let us know if they are having problems at any time now, or in the future.

Different activity opportunities:

Please try anything and everything - the more I try, the more I will find out whether I like different things or not.

***Unless I show clear signs of distress, please do not give up on me straight away if it appears I did not fully enjoy an activity for the first time.**

MY PERSONAL GOALS

*Please support me to choose realistic and achievable goals to build my self-esteem and confidence, and which will improve my quality of life.

- **I WANT TO CONTINUE TO ENJOY NEW AND INTERESTING THINGS TO DO**

I can be supported to do this by the members of the support team on a regular basis, particularly on my free days. Please record in my P>R>S field under 'New Activities Tried'

- **I WOULD LIKE TO BE ABLE TO TRAVEL IN DIFFERENT FORMS OF TRANSPORT – TRAINS, TRAMS, CARS ETC**

I can be supported by members of the support team to use different modes of transport when going out. I am going to look at using a stand aid to develop my muscles, hopefully to help me become more mobile in the future.

Please transfer all my goals to the Goal Review Sheet

GOAL REVIEW SHEET

NAME:

GOAL:

HOW I AM WORKING TO ACHIEVE MY GOAL

CURRENT SITUATION REGARDING MY GOAL:

		YES	NO
DATE OF REVIEW:			
I STILL WANT TO CARRY ON WITH THIS GOAL			
I HAVE ACHIEVED THIS GOAL			
THIS GOAL NEEDS CHANGING TO HELP ME ACHIEVE IT			
I DO NOT WANT TO WORK ON THIS GOAL ANY MORE			

APPENDIX II

LIVERPOOL BROADGREEN AND OLD SWAN STATISTICAL INFORMATION

FIGURE 1 Liverpool – Old Swan and Broadgreen districts

TABLE 1 Under-privileged area scores Liverpool wards based on 1991 census

FIGURE 2 Liverpool enumeration districts 1998 – poverty and social exclusion

FIGURE 3 Liverpool enumeration districts 1997 – 1998 – crime and social cohesion

FIGURE 4 Liverpool enumeration districts 1997 – 1998 environment and infrastructure

FIGURE 5 Liverpool enumeration districts 1997 – 1998 housing popularity

FIGURE I

LIVERPOOL

Old Swan and Broadgreen Districts

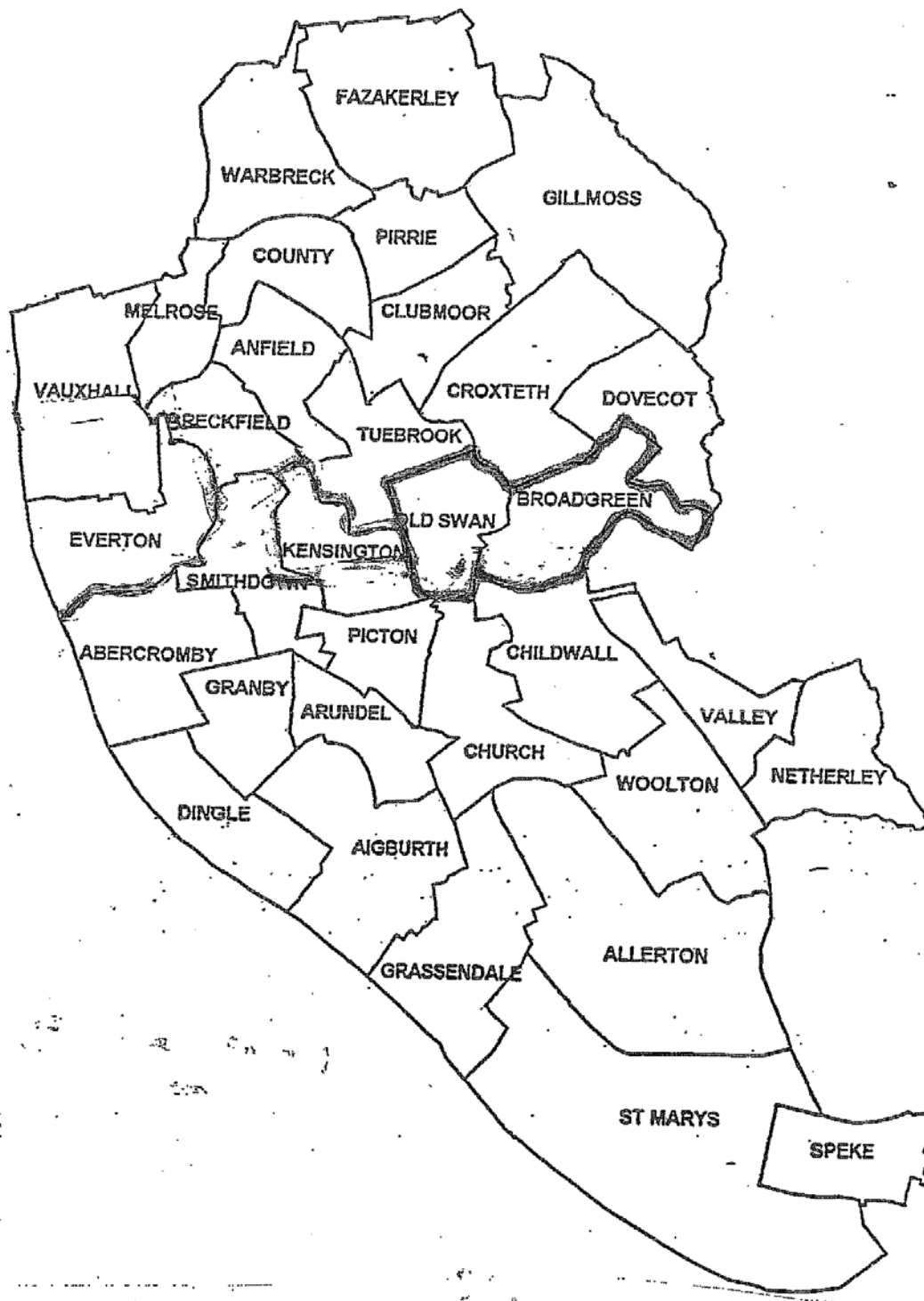


TABLE I

Underprivileged Area Scores

Liverpool Wards, based on 1991 Census

1991 UNDERPRIVILEGED AREA SCORES, LIVERPOOL WARDS, BASED ON 1991 CENSUS

Ward	Resident Population	Per Cent Over Age 65	Elderly Living Alone	Under Age 5	One Parent Families	Unskilled Workers	Unemployment	Households with no Amenities	Overcrowded Households	Moved Recently	Ethnic Populations	UPA Score
Albion	8169	11.91	6.52	7.52	11.48	5.51	11.02	0.92	9.16	18.95	6.07	46.79
Albion	11591	18.02	8.79	4.91	3.91	2.39	14.88	1.59	2.17	14.27	2.33	11.47
Albion	14735	18.73	6.57	6.00	2.89	1.83	10.12	0.40	2.44	5.18	1.87	-1.97
Anfield	15081	14.85	6.62	7.57	7.26	4.39	18.48	1.87	3.37	9.76	0.60	20.48
Arundel	11464	15.27	7.79	6.81	9.32	3.71	23.15	3.65	4.44	14.92	6.25	31.67
Breafield	13563	15.60	7.73	8.21	12.10	7.07	31.87	-0.77	7.97	8.77	0.89	41.87
Broadgreen	15380	17.99	7.91	6.62	6.71	2.80	17.00	1.27	5.47	6.35	0.74	17.17
Childwall	15741	17.18	6.55	5.86	2.31	0.71	8.82	1.46	1.48	4.62	1.37	-9.42
Church	17635	16.42	7.09	5.84	3.01	1.60	9.99	0.81	1.89	7.94	2.98	1.22
Clubmoor	15814	16.90	5.62	7.22	10.67	6.61	28.63	3.57	7.13	5.28	0.23	25.58
County	15615	18.02	7.90	7.49	7.36	5.01	21.21	3.21	5.24	6.51	0.48	24.92
Croxteth	16951	16.13	6.14	5.82	1.62	2.06	11.68	1.07	2.74	6.82	1.18	0.65
Dingle	17409	14.89	6.76	7.93	10.69	6.28	22.53	1.07	5.50	10.10	1.14	31.95
Dover	13383	13.09	5.27	9.07	12.18	2.40	28.84	0.55	9.29	7.71	0.52	29.85
Iverson	5842	18.52	9.47	6.37	11.43	7.17	44.11	0.29	9.28	8.66	0.87	47.69
Larkley	12798	16.27	7.06	7.09	6.70	4.05	19.12	1.45	5.66	6.24	0.51	18.70
Gillmore	14866	14.14	5.65	8.56	8.35	4.15	25.54	0.43	8.19	10.95	1.03	30.02
Grange	12853	12.06	6.89	9.36	18.54	3.78	40.94	1.85	10.70	12.06	9.08	56.67
Grassendale	15082	18.40	7.69	5.92	1.91	1.50	7.66	0.31	1.39	6.71	2.00	-1.12
Kensington	14843	14.18	7.21	7.98	9.84	4.32	26.61	1.26	5.80	12.68	1.74	15.29
Melrose	15177	14.48	6.97	7.80	9.39	6.88	26.79	1.25	7.18	6.87	0.49	11.60
Netherley	8475	10.35	4.14	8.05	10.30	6.65	27.71	0.25	9.23	4.57	0.86	21.54
Old Swan	14155	14.47	6.13	8.26	7.28	4.15	17.78	1.94	6.03	7.23	0.74	20.64
Picton	14046	11.43	6.59	8.39	11.08	5.52	20.82	1.64	5.86	10.91	3.16	11.76
Pirrie	14089	14.76	5.12	8.25	9.74	4.74	28.50	1.99	9.25	4.08	0.36	24.18
St. Mary's	13360	16.87	7.16	8.12	9.72	5.16	22.89	1.27	7.14	7.51	0.68	30.46
Smithdown	11109	12.17	6.15	8.23	13.57	4.86	31.99	0.82	7.92	9.84	2.44	18.83
Spike	11243	15.80	5.63	9.17	13.82	7.85	31.45	0.25	8.37	6.57	0.32	17.92
Tudbrook	15197	13.90	5.92	7.57	5.97	5.27	20.94	2.72	4.72	10.28	1.03	21.58
Valley	10849	16.32	6.84	8.06	9.19	6.38	23.45	0.55	5.31	7.11	1.23	29.18
Vauxhall	7331	17.40	8.14	6.91	11.45	3.71	43.95	0.52	8.42	7.19	0.45	40.94
Wardle	18388	12.72	5.35	8.10	6.19	4.06	15.68	0.77	3.43	7.97	0.63	13.45
Woolton	15255	19.96	8.38	4.82	2.28	0.79	8.89	0.66	2.09	5.48	2.81	-4.48
LIVERPOOL	445460											
England and Wales Mean Scores		16.24	6.04	6.35	3.36	2.61	8.11	0.83	3.63	9.52	3.33	0.00

FIGURE 2

LIVERPOOL ENUMERATION DISTRICTS 1998

POVERTY AND SOCIAL EXCLUSION

(Z scores, Standard Deviation units above and below
the mean for Poverty and Social Exclusion)

Poverty and Social Exclusion Liverpool ED's 1998

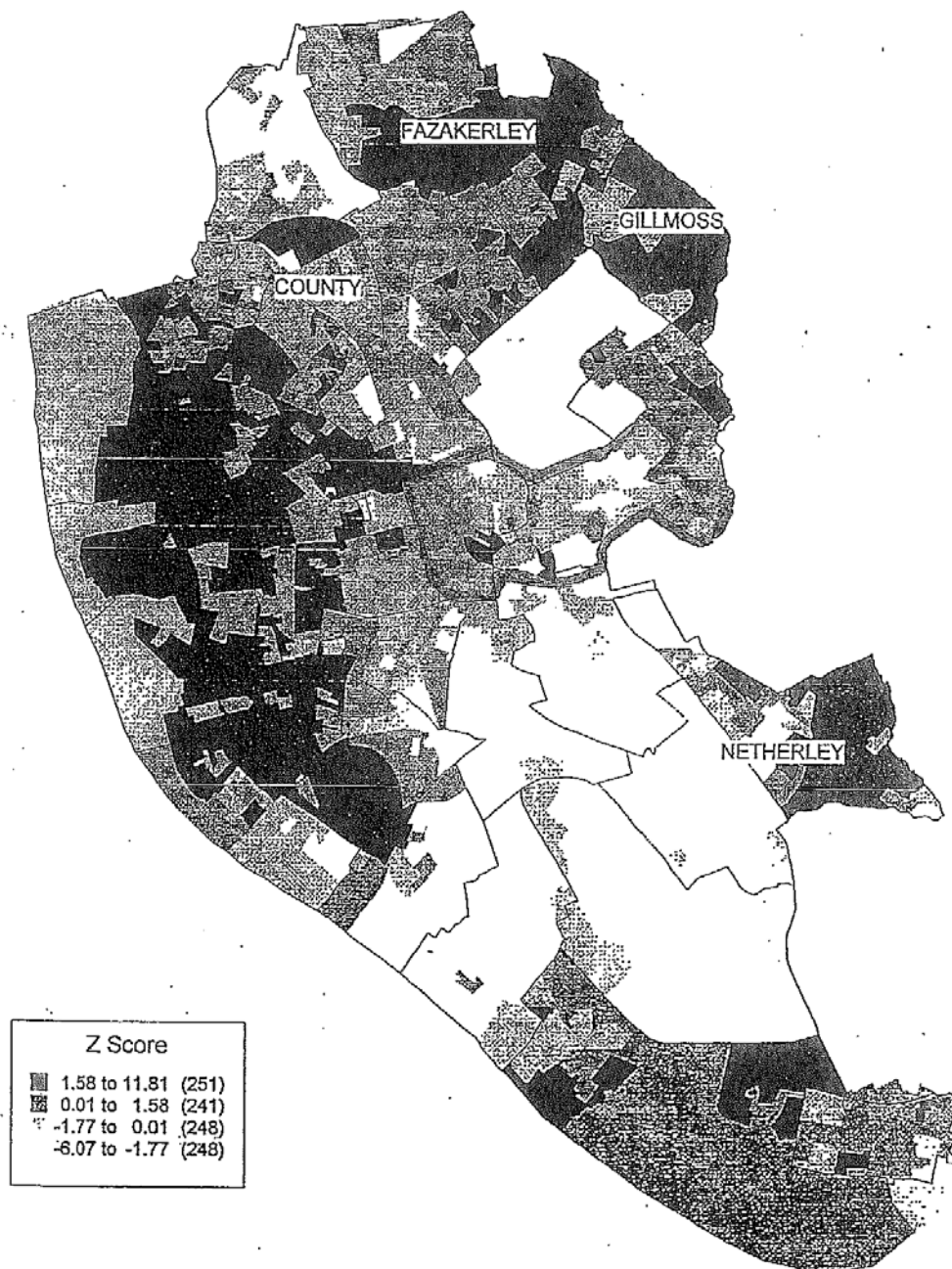


FIGURE 3

LIVERPOOL ENUMERATION DISTRICTS 1997-1998

CRIME AND SOCIAL COHESION

(Z scores, Standard deviation units above and below the mean for crime and social cohesion.)

Crime and Social Cohesion Domain
Liverpool ED's 1997-1998

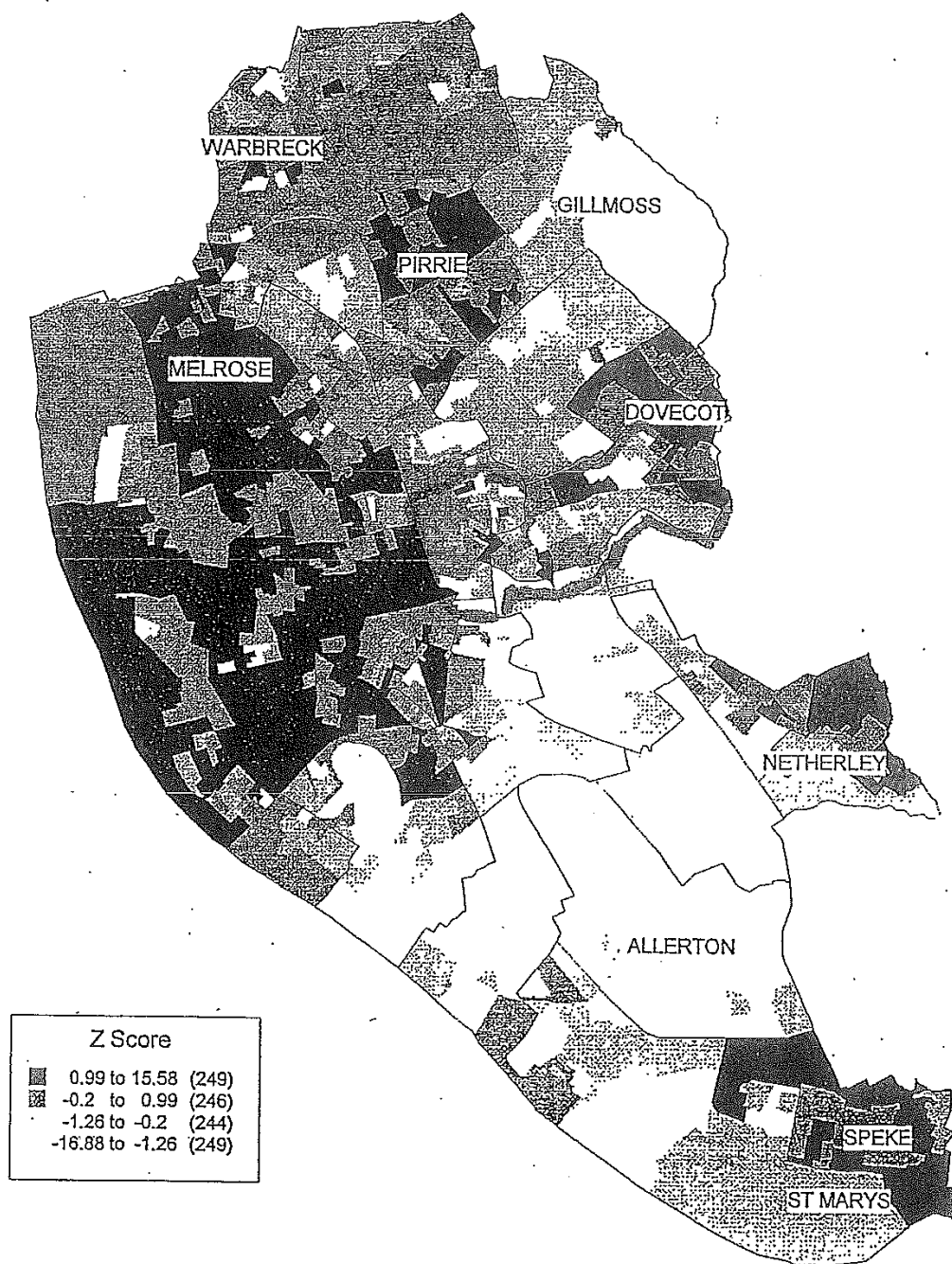


FIGURE 4

LIVERPOOL -

ENUMERATION DISTRICTS 1997-1998

ENVIRONMENT AND INFRASTRUCTURE

(Z scores, Standard deviation units above and below the mean for environmental quality and infrastructure).

Environment and Infrastructure. Domain
Liverpool ED's 1997-1998

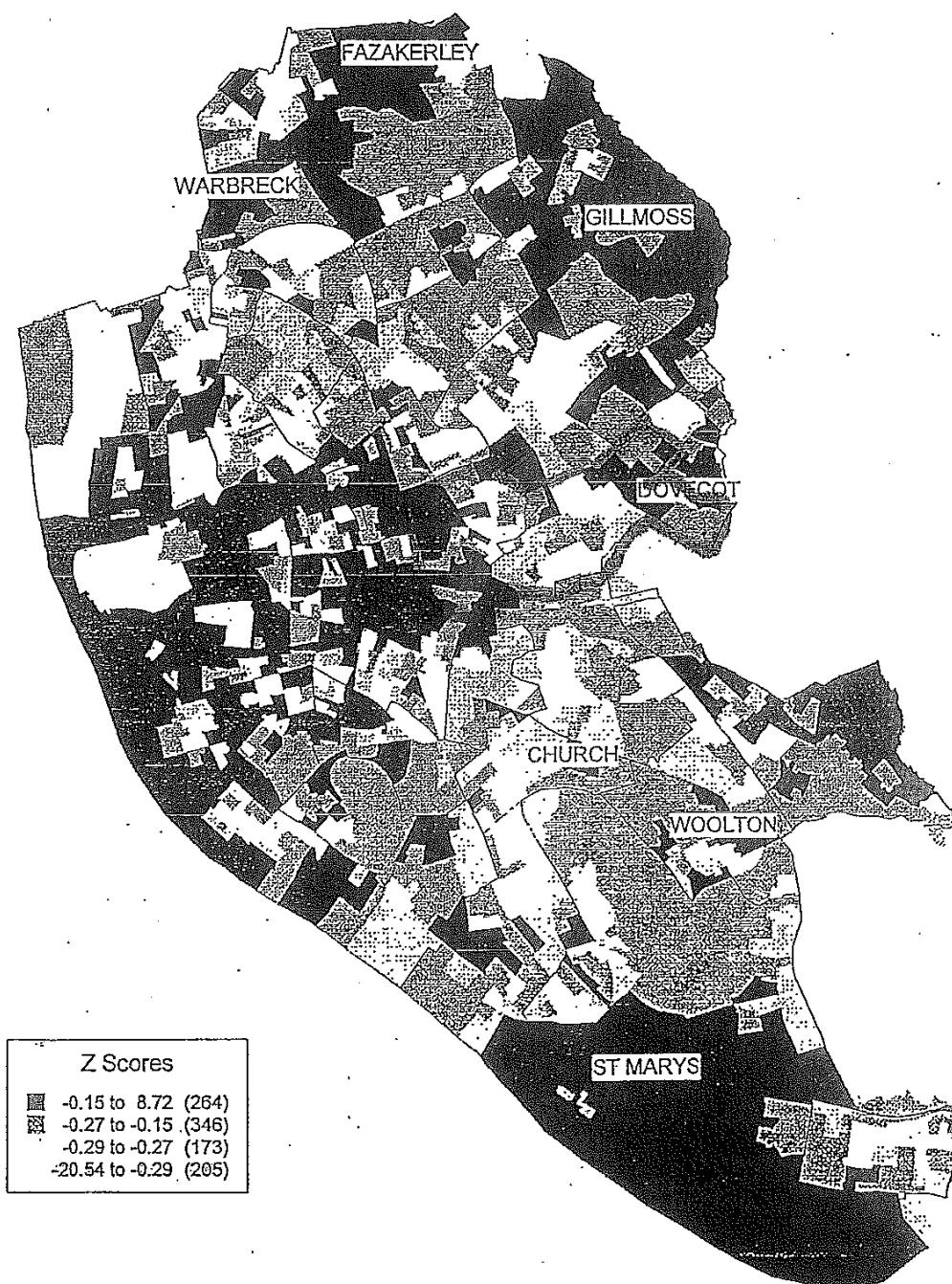


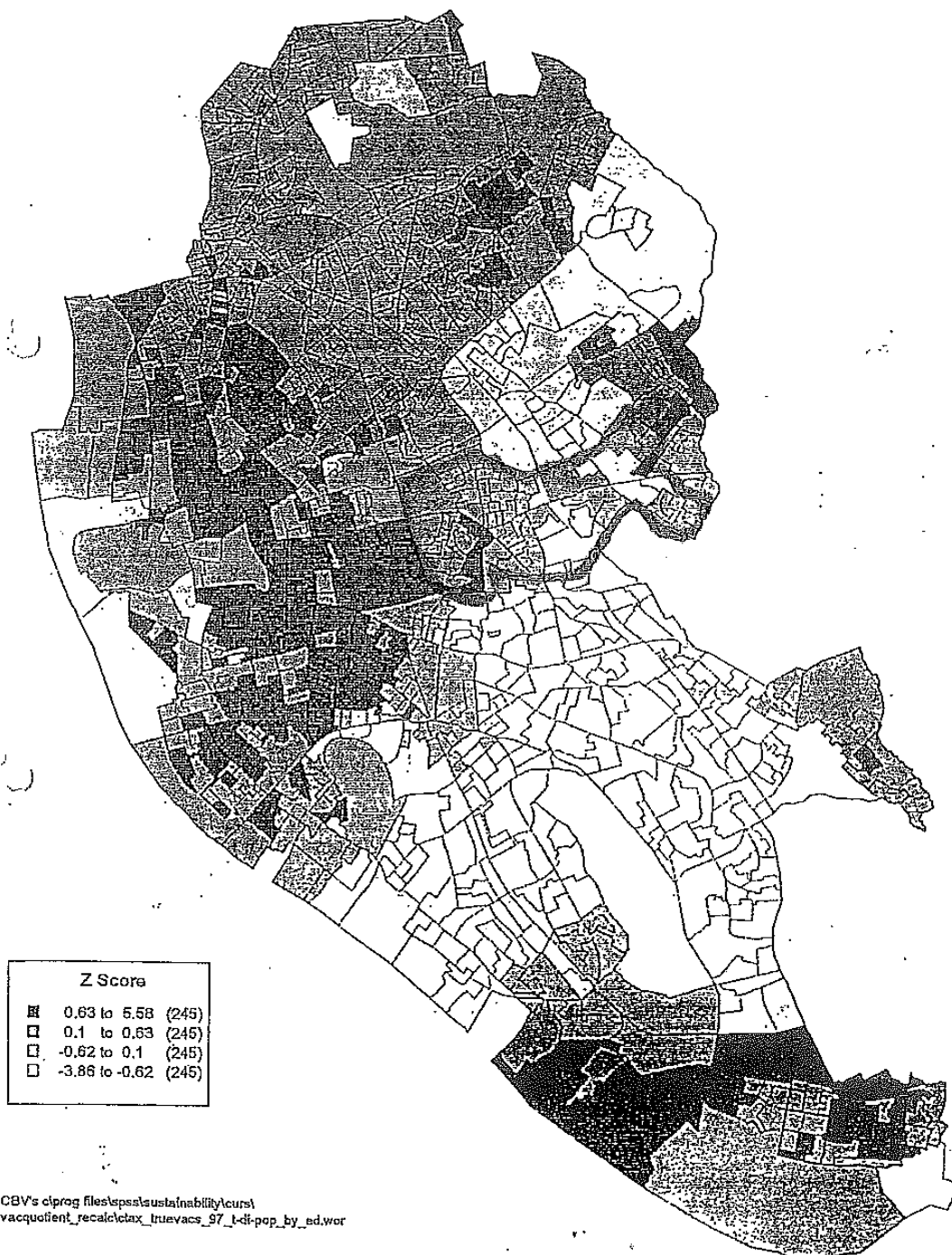
FIGURE 5

LIVERPOOL ENUMERATION DISTRICTS 1997 - 1998

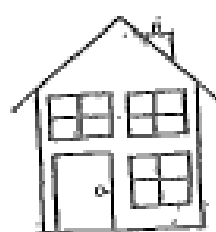
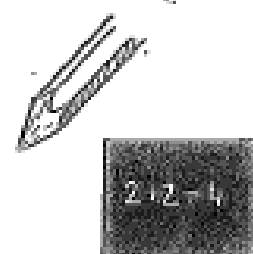
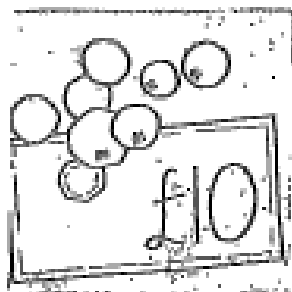
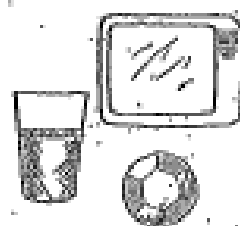
HOUSING POPULARITY

(Z scores, Standard deviation units above and below
the mean for housing popularity)

Housing Popularity Domain Liverpool ED's 1997-1998



APPENDIX IV
STUDY 2 – DOMAIN PICTURES



APPENDIX V

MODIFIED FAITH DEVELOPMENT FRAMEWORK

MODIFIED FAITH DEVELOPMENT FRAMEWORK

1. LIFE REVIEW

Marker Events

- What are the most important things that have happened to you in your life up to now?

Past Relationships

- Have there been any people, any friends that you have found very helpful in your life?

Image of God

- What do you think about God?
- Has God helped you at all?
- Is he your friend?

Crisis

- Have there been times when things have gone wrong for you?
- When you have been very worried?
- What happened to you at these times?
- What effect did it have on you?

2. RELATIONSHIPS

Parents

- Tell me about your parents and you?
- How do you get on?
- What do you think about them?
- How have things changed over the years?

Current Relationships

- Who is the most important person to you at the moment?

Groups

- Do you belong to any clubs or groups?
- Do you have any hobbies or things that interest you that you do with other people?

3. PRESENT VALUES & COMMITMENTS

Meaning

- Is your life important to you at the moment?
- What makes life important to you?

Change

- Are there any changes you would make about yourself or your life at the moment?
- What do you want to change most?

Beliefs

- What are the most important things you believe at the moment?
- What beliefs are most important to you?

Decisions

- When you have a big decision to make how do you go about doing it?
- If you have a problem, who would you ask about it?

Right Actions

- What makes something you do right and what makes something wrong?

4. RELIGION

Death

- What happens when you **DIE**?

Religion

- Is religion important to you?

Spiritual Discipline

- Do you go to Church
- Do you pray?
- Do you sing hymns?

Evil

- Why do people do wrong or evil things?

APPENDIX VII
FRIENDSHIPS STUDY - RAW DATA

NUMBER OF PEOPLE CONSIDERED AS 'FRIENDS', BY THE PARTICIPANTS

Participant No	Support Staff	Family Members	Named others with LD	Other named	Other unnamed	Total
1.	0	0	3	0	2	5
2.	7	0	4	1	2	14
3.	1	1	3	1	0	6
4.	0	0	3	0	0	3
5.	1	1	4	1	0	7
6.	0	1	3	0	1	5
7.	0	0	0	0	2	2
8.	1	0	3	0	0	4
9.	5	0	4	2	0	11
10.	2	1	2	2	0	7
11.	1	4	2	0	0	7
12.	5	3	2	1	0	11
13.	3	1	2	1	0	7
14.	7	3	2	0	0	12
15.	3	0	4	1	0	8
16.	2	0	4	2	0	8
17.	2	0	3	3	0	8
18.	<i>Participant No 18 was not available for interview</i>					
19.	0	0	6	3	5	14
20.	0	2	2	1	0	5
21.	0	1	5	4	2	12
22.	0	3	1	0	1	5
TOTAL:	40	21	62	23	15	161

APPENDIX VIII

SUPPLEMENTARY MATERIAL

THE CATHOLIC TRADITION IN THE CARE OF PEOPLE WITH LEARNING DISABILITIES – ITS ORIGINS AND SOME SIGNIFICANT CHARACTERISTICS

The Catholic Tradition in the Care of People with Learning Disabilities – its origins and some significant characteristics – up to the Second Vatican Council

1. Introduction

In Chapter I we suggested that some theological ideas associated with the Catholic and Protestant traditions have had a significant and distinctive influence on the development of social policy and practice, ideas which have largely been ignored or overlooked in contemporary accounts of social policy development. In the course of undertaking this research we have considered a substantial amount of material on the origins of ideas and attitudes toward disability largely from within the Christian tradition. There is no one contemporary text which satisfactorily covers this territory. In this Appendix we record the fruits of this work giving an overview of some of these ideas and practices in greater depth, giving particular, although not exclusive attention, to the development and significant features of the Catholic tradition, as it has impacted upon the care and support of people with learning disabilities. We also think it important to critically examine claims that are still frequently made in contemporary literature regarding the impact of religious belief on the treatment of people with impairments in pre-modern societies, since these claims continue to exert a negative influence (e.g., McCarthy, 1999).

Our approach is inter-disciplinary, involving several fields of enquiry, as is characteristic of the nature of disability studies itself. Furthermore it is an account based largely on a ready of secondary literature. Such an approach inevitably raises methodological concerns, which space does not permit to be comprehensively addressed, regarding, for instance, the selection and organisation of the material or the use of the medical and social system

approaches in interpreting the material. Although we will consider methodological issues as we proceed, the approach taken however is broadly chronological.

The origins of concept of learning disability as we understand it today, did not begin to emerge until the late 17th century in those parts of Europe influenced by the Protestant tradition and the Enlightenment. Within the Catholic tradition the first explicit use of the term or its equivalents in official documents of the Church, did not appear until 1978! In the extensive range of literature and sources we shall touch upon in this chapter, often no explicit reference is made to the condition. Across the centuries people with learning disabilities are largely invisible, hidden away among others with more visible impairments or among the great mass of the poor. However occasionally we catch glimpses of them, recognisable as such in terms of our contemporary understanding.

Our purpose here is not to explore how impairment was construed or understood and portrayed in literature. We are not undertaking a cultural history as such (e.g., McDonagh 2008). Rather, our interest is to identify how society responded in practical ways to the needs of the impaired, what support arrangements were available to them and what was the place of the learning disabled in society, and how Christian belief influenced this. Clearly how impairment is understood and how society responds in practical terms are not unconnected. But our emphasis is on the whole on the latter rather than the former.

2. Impairment in pre-modern societies with particular reference to Europe

2.1 Prevalence and sources of evidence

Impairment is a human constant (Scheer & Groce 1988). However a number of writers have suggested that human deformity and impairment was

particularly highly prevalent in the ancient world (eg Kelley 2007: 31). Malnutrition, the spread of infectious diseases, interbreeding, inadequate pre-and post-natal care would all contribute to the existence of birth defects. Many infants would have been born with congenital abnormalities. Post-nataly acquired abnormalities would have been even more common. Injuries arising out of conflict, sporting events or occupations, viral and bacterial diseases, would be significant causes. What today would be considered relatively minor and treatable injuries or conditions could result in significant and permanent impairment. Many of these aetiological variables would also be associated with learning disabilities as we understand the concept today.

In spite of the magnitude of the problem of impairment in pre-modern societies, evidence relating to it is sparse, largely anecdotal, and of necessity has to be gathered from a wide range of historical periods and literary sources to gain any sort of comprehensive picture.

A relatively new and recently exploited source of evidence is archaeological. To this we shall refer below.

2.2 Some contemporary interpretations of the evidence

A claim that is frequently made in contemporary literature, is that in pre-modern societies, children with obvious physical impairments at birth, died as a consequence of their disorder, or if not were killed or abandoned to die by neglect. In effect that very few survived into adulthood and the responses people with impairments, including learning disabilities, elicited from others, was uniformly negative, particularly as a consequence of prevailing religious ideas. Such a claim is made for instance by McCarthy who writes that:

From the earliest recorded history, people with learning disabilities have been a source of speculation, fear, pity or curiosity for others. They have usually been set apart from other people, often literally and the feelings they arouse in others have rarely been positive. In short by their very existence, people with learning disabilities have posed a challenge to the rest of society. In pre-industrial societies, including some contemporary ones, there were relatively few people with profound or multiple disabilities as they tended to die from complications associated with their condition and/or they may have been actively or passively killed off. (McCarthy 1999: 41)

In a similar vein Winzer, in a paper on disease and society before the 18th century, writes that:

The great majority of disabled persons had no occupation, no source of income, limited social interaction and little religious comfort ... abnormal persons were surrounded by superstition, myth and fatalism ... severely limited by widely held beliefs and superstitions that justified the pervasive prejudice and callous treatment. Individuals seen as different were destroyed, exorcised, ignored, exiled and exploited. (Winzer 1997: 80)

And again Mannion & Bersani, making reference to work by Dunn (1961), write:

Among primitive nomadic tribes, physical as well as mental deficiencies were considered a liability. Physical defects resulted in not only the obvious problems in a constantly mobile society, but they caused economic hardships as well, since such members were unable to contribute their share to the welfare of the group. Mental defects were, on the other hand, steeped in misunderstanding and superstition and such afflicted members were ostracised based on religious myths and superstitions. Since elimination of such individuals was beneficial to the welfare of the tribe, non-productive members were expendable and infanticide was a widely accepted practice. (Mannion & Bersani 1988: 231-245)

They further write, making reference to the work of Hewett (1974) that:

In ancient Greek and Roman societies, people with handicaps were regarded as objects of scorn and persecution. Not only were they socially ridiculed, but physically eliminated as well. It is believed that in ancient Rome parents of children who were blind, deaf or presumed mentally defective relieved themselves of the responsibility of custodial care by drowning these children in the Tiber River. (Mannion & Bersani 1988: 231-245)

There are numerous statements of a similar nature in the literature. There is of course evidence that these attitudes and practices did occur. Ancient Greek literature for instance, gives many examples of abandonment, exposure or killing of children with abnormalities, particularly girls (Golden 1990).

2.3 Archaeological evidence

However, it is important for our purposes to recognise that there is now an increasing and significant body of evidence which questions and even contradicts the above opinions. For instance there is archaeological evidence, reporting finds of congenital physical abnormalities in ancient grave complexes, abnormalities, which are known to be associated with developmental cognitive impairments. Eileen Murphy for example reports on such finds (eg, neurofibromatosis) in an Iron Age burial site in south Siberia, (Murphy et al 1998; Murphy 2000: 60-80 and Murphy 2003: 104).

Murphy's study, a study of the burial sites of a nomadic people, is particularly interesting and suggestive. The study not only reported archaeological evidence of congenital abnormalities and abnormalities that had become apparent early in childhood, but also that the remains were of adults. This suggests that as children they were given the opportunity to survive, which they could not have done without the ongoing support of others. Murphy writes:

The appearance of individuals with developmental defects in an archaeological population group can, however, enable us to elucidate information on the society's attitude towards these affected individuals. When developmental defects are found, this suggests that the affected persons had the benefit of some life support measures, (.....). Aymyrlyg is one such site. (Murphy 2000: 73).

She further writes:

The inclusion of these individuals with possible abnormal appearances and disabilities in communal graves with unaffected people might suggest that they were held in similar regard to other members of society ... What is clear is that these individuals were allowed to reach adulthood and some effort must have been made to enable them to survive within the semi-nomadic lifestyle. (Murphy 2000: 74).

Murphy describes a woman with severe congenital scoliosis who 'would probably have needed assistance with the most basic of activities ... the gracile nature of her skeleton, in conjunction with severe scoliosis, suggests that she would have been physically immobile'. (74) We shall refer to additional archaeological evidence later in the Appendix.

2.4 Evidence from Mesopotamia and from Roman and Greek Sources

Recently scholars of the ancient Near East have given attention to the representation and treatment of disability in those ancient civilisations. Although the evidence is limited, some tentative conclusions can be reached. For instance Neal Walls writes with reference to Mesopotamia:

In contrast to ancient Greece there is no evidence for the common practice of exposure or infanticide of disabled or deformed infants in the ancient Near East. Mesopotamian legal codes contain no reference to infanticide although they do address abortion and accidental miscarriage. (Walls 2007: 20)

Furthermore, he writes, making reference to the work of Scurlock & Andersen (2005)

... Some children with severe disabilities were given extensive care and survived for many years. Indeed such long-term care for disabled family members was probably the norm. Infanticide was most likely either an uncommon practice (reserved for very particular circumstances) or a private matter (among midwives for example) that were not socially recognised or publicly acknowledged in ancient Mesopotamian literature. (23)

Walls, concludes that:

Whether social stigma was attached to physical disease or mental disability, people with abnormal physical or cognitive conditions were assigned jobs as they were able. ... Medical texts suggest that severely disabled children and adults were cared for at home over long periods of time ... we see little clear evidence for the social rejection of disabled people based upon their physical form. (30)

In Roman civilisation, the Twelve Tables of Roman Law, contained one of the earliest expressions of the concept of disability and also obliged the pater familias, to put to death a child that was visibly deformed. Garland (1995) however has suggested that the practice in Rome and Greece was not as widespread as believed and was undertaken primarily for economic reasons. Infanticide was more prevalent in Sparta, irrespective of economic circumstances, for legal and cultural reasons (Stiker 2000: 139-140). Edwards (1996 and 1997) in a review of the documentary evidence from Greek sources suggests that human deformity was not always perceived in a negative light. She further suggests that the notion that in ancient Greece infanticide was widely practised is an interpretation by 19th century historians who projected their own negative views of disability on to their reading of ancient Greek records! In a recent and comprehensive review of the evidence from Greek sources Martha Rose has written:

In the ancient Greek world, people with a wide variety of disabilities participated in a wide variety of social, economic and military roles. People with even the most severe disabilities were integrated into communities that accommodated all ranges of disability ... and while congenitally deaf people were considered intellectually impaired, intellectual impairment was not the disorder that surviving literature suggests. (Rose 2003: 99)

2.5 Evidence from Old Testament, New Testament and Patristic Sources

A number of significant monographs have recently been published considering impairment in the context of biblical texts. One of the difficulties in evaluating these studies is that there is an absence of consistency in the terminology used. Judith Abrams distinguishes between mental disability and mental illness (Abrams 1998). Saul Olyan uses the umbrella term mental disability to include both foolishness and madness (Olyan 2008) and Hector Avalos et al in their study Rethinking Disabilities in Biblical Studies (Avalos, Melcher & Schipper 2007: 197-200) distinguish between mental disability and cognitive abnormality. In these circumstances it is difficult to synthesise the conclusions reached.

Furthermore these texts are largely concerned with issues of biblical hermeneutics and have little to say about the quality of life people with impairment may have actually experienced.

In terms of literary evidence, Judith Abrams, in her study of disability in ancient Jewish texts, identifies a number of instances where the notion of mental disability as distinct from mental illness, appears to have been employed (Abrams 1998: 123-197). She also discusses the concept of 'fool' as it appears in Ecclesiasticus (Ecclesiasticus 21:12, 21:18, 33: 4-5). She summarises the position in these terms:

The fool exhibits inappropriate social behaviour that is metaphorically described with physical imagery: 'The fool says, 'I have no friends, I get no thanks for my kindness, though they eat my bread, they speak ill of me ...' The foolish person does not know how to relate to others, here expecting to be able to buy friendship. He buys persons with his bread and is disappointed when they speak ill of him, not realising that a friendship is based on respect, for each party's wisdom and cannot be bought. (Abrams 2002: 110)

Although the 'fool' has clearly difficulty in forming and maintaining relationships, we should not assume that 'fool' as here described is equivalent to learning disability, as we understand it. Nevertheless the 'fools' difficulty in initiating and sustaining friendships resonates with contemporary experience of people with a learning disability in our society.

A much more thorough discussion of 'foolishness' and its relationship to 'madness' in the Hebrew Bible and related literature is given by Saul Olyon (2008). Olyon who uses the term mental disability to refer to both foolishness and madness, suggests that the technical vocabulary of mental disability in the Hebrew Bible is 'complex' and 'ambiguous'. However, he suggests in agreement with Abram, that it is clearly possible to distinguish the use of foolishness, in the sense of lack of knowledge or wisdom, from that of madness. Some texts, Olyon suggests use 'foolishness' or 'simplicity' to refer to persons who lack knowledge, understanding, discipline, prudence and good judgement. On other occasions 'foolish' refers to the nature of choices that a person makes rather than being an attribute of the person themselves. Sometimes 'foolishness' is used to refer to the whole people of Israel. He concludes that:

... terms typically translated 'fool' or 'simple-minded' might sometimes refer to persons with mild forms of mental retardation, although this remains unclear ... The biblical vocabulary of what is commonly translated 'madness' is of much more use to us than the terminology of 'foolishness' mainly because we learn more from the texts in which it occurs. (Olyon 2008: 65)

It would appear then, that the condition of people characterised as 'fools' did not have a religious significance comparative with those who were characterised as mad. In terms of the New Testament, Olyan suggests a similar picture emerges. People with a range of disabilities, sensory and physical,

appear, together with people whom are overtly mentally distressed. Again however, people who we would recognise as having a learning disability, in the absence of other impairments, are conspicuous by their absence, suggesting that they were simply not distinguished or distinguishable from the mass of illiterate and poor people in the world of the New Testament.

Kerry Wynn (Wynn 2007: 91) has drawn the distinction between the Yahwistic understanding of disability as indicated in Exodus 4:11 which suggests that disability should be understood as an integral part of God's intended creation and the Priestly perspective, that disability is a manifestation of disorder and chaos, breaking into and destructive of God's created order. (Lev 21:17-23) Sarah Melcher has also discussed the stigmatising consequences of Leviticus 13-4 and Leviticus 21:16-24 (Melcher 1998) and has drawn attention to these remarks of Mary Douglas regarding the same texts:

In short the idea of holiness was given an external, physical expression in the wholeness of the body ... Wholeness is also extended to signify completeness in a social context ... Holiness requires that individuals shall conform to the class to which they belong. And holiness requires that different classes of things shall not be confused. To be holy is to be whole, to be one; holiness is unity, integrity, perfection of the individual and of the kind. (Douglas 1966: 51)

These are particularly significant observations. This dichotomy of perspectives would have profound ramifications for the lives of people with learning disabilities, especially among Puritans who were influenced by the levitical perspective. We shall return to this issue again when we are considering the immediate post-Reformation period. Hector Avalos in his important monograph Health Care and the Rise of Christianity writes the following:

Christianity also may be seen as a Jewish sect that sought to redefine the socio-religious status of the patient. The Levitical healthcare system excluded chronically ill patients from the community and so ruptured the Jewish community. Its policies had, in effect, rendered the chronically ill as

discrete and identifiable demographic group that must have gained significant numbers by the first century. Christianity opposed the Levitical healthcare system by re-defining purity in a manner akin to the Asclepian tradition. Purity of thought, not of body became primary. (Avalos 1999: 118)

The Ministry of Jesus then promoted a Yahwistic integration and opposed Priestly segregation, for the impaired.

In addition it is also useful to note that within the Jewish tradition infanticide was explicitly prohibited. Josephus writes 'The Law orders all the offspring to be brought up and forbids women either to consider abortion or to make away with the foetus'. (Histories 5.5)

So from the beginning Christianity also rejected the practice of infanticide. (Amuidsen 1996: 62-65) In the Didache we read 'You will not murder offspring by means of abortion and you will not kill (him/her) having been born'. (Milavec 2003: 15). Justin Martyr in his First Apology explicitly precluded the exposing of children:

But as for us, ... we have been taught that to expose newly-born children is the part of wicked men; and this we have been taught lest we should do anyone an injury, and lest we should sin against God, first because we see that almost all so exposed (not only the girls but also males) are brought up to prostitutes. (1.27)

Soulen & Woodhead (2006) in a recent discussion of the origins of the concept of human dignity, from a Christian perspective write that:

The Christian apologist Lactantious (240-320) memorably addressed the dignity that comes to humans by God's work of creation when he declared that God had created human kind as a 'sacred animal' (*sanctum animal*). For this reason, he declared, God had prohibited that humans be killed, not only in those instances also recognised by public law, such as wanton murder, but in any case whatsoever, including warfare and the exposure of infants. (Divine Institutes 6.20: 3-4).

It should be noted here that the relationship of equality between persons as Lactantious envisage it is defined in terms of their being made in God's image.

This does not exclude, in fact may actually assume, fundamental differences in social status. (Holman 2011: 119)

As the Roman Empire was Christianised so infanticide became a capital offence in Roman law in AD 374, (Harris 1994).

3. Christianity in the Middle-Ages: On the Prevalence of and care given to people with impairments. Evidence from English Sources

3.1 Archaeological Evidence

If we consider the evidence accumulated in studies of urban and rural life in Europe in the middle ages, then McCarthy's suggestion that there were relatively few people with profound or multiple disabilities in such a pre-industrial society is questionable. We can again refer to the archaeological evidence.

For instance a report by James Wakely (1993) describes an adult female skeleton from a mediaeval cemetery in Abingdon, Oxfordshire. The skeleton had congenital dislocation of the hip, spina-bifida occulta and spondylolysis. Wakely writes:

It is fair to assume that '5384' did spend the greater part of her infancy in this situation, to the detriment of her anatomical and loco-motor development ... and ... she would have been dependent upon others to some extent. Her survival to adulthood gives us some physical confirmation of the evidence from artistic sources of the existence of persons with disabilities in a mediaeval community and their place in society. (Wakely 1993: 37-45)

The artistic sources that Wakely is referring to is the painting 'The Beggars' by Peter Breughel the Elder, which depicts a group of beggars with congenital and acquired impairments wearing prostheses to aid their mobility, devices which they had clearly not made themselves. Although Wakely does not specifically address the implications in this paper, it should be pointed out that '5384' was buried in a

churchyard, presumably given a Christian burial, in the presence of a priest and no doubt would previously have been baptised. Robert Dinn has suggested that burial in a church yard in contrast to a public burial ground was indicative of wealth or social status, (Dinn 1995). Anderson (2006: 201-202) in a recent review of the archaeological literature has identified 31 cases of congenital abnormalities in archaeological reports of Neolithic, Bronze Age, Roman, Anglo-Saxon and Medieval burial sites in Britain. These include cases of Down's syndrome, Hydrocephaly and Microcephaly. Fifteen of the cases were adults the oldest estimated to be between 45-55 years of age. An adult with Down's syndrome was estimated to be 25 years of age.

It would be hazardous to assume that these findings are representative in any way or to make a judgement as to the quality of life these people actually experienced. However their very survival into adult years suggests that the ideological and social context in which their lives were embedded was of some significance, perhaps a positive significance for them.

3.2 Records of English and European Shrines

Eleanor Gordon (Gordon 1986) has published a number of studies of child health in the middle ages based upon accounts of posthumous miracles of saints. In one study she analyses the illness and injuries of children as recorded in the accounts of five English shrines from the mid twelfth century to the early thirteenth century. In all 1067 health related miracles were recorded, 216 of these miracles were described in children. Gordon classifies their problems in terms of acute illnesses, e.g., fever, epilepsy, skin conditions, chronic conditions, e.g., strokes, blindness, leprosy and developmental disabilities – e.g., loss of motor

function, deaf-mute. Forty-three descriptions of developmental disabilities are recorded. For instance one record describes an eight year old girl who had severe contractures which resulted in her inability to stand, sit, turn-over or use her arms and hands, or turn her head. She ate from a plate with her lips and was totally dependent upon her family. A further example is that of a father who transported his severely disabled son, who was bent double with spasticity and fractures, in a wheelbarrow, a distance of 20 miles from home to a shrine near Norwich. A final example is of a father and his blind retarded son, whose arms and legs were in constant motion, who he transported on horseback for the 45 mile journey from Malmsbury to the shrine at Worcester.

What is so impressive about these accounts is that here are numerous examples of severely impaired children who are neither neglected nor abandoned by their families or by the communities in which they lived. On the contrary as Gordon concludes:

... many mothers and fathers were emotionally and physically close to their sons and daughters and acted as good parents would be expected to act when faced with crises of child rearing. (522)

And

Mothers and fathers, sustained only by their faith, sought cures for their cherished children at considerable cost and sacrifice. The entire community often rallied to support the afflicted family when illness or calamity seemed catastrophic. (521)

In the Appendix to her recent book Disability in Medieval Europe (Metzler 2006), Irina Metzler provides short narrative accounts of several hundred miracles, involving children and adults with physical impairment, as recorded at a number of shrines in England and France. She remarks that the 'healing miracles of Christ and the apostles in the gospel were, to a degree models for cures performed by

medieval saints' (184). Although impaired persons were often perceived as a burden on others, the cause of their difficulties were largely understood as the result of accidental injury or accidents of nature. Many accounts made no mention of punishment for transgression nor included a moral message or a notion of sin or a spiritual meaning. (184)

3.3 Infant Mortality & Life Expectancy in the Middle Ages

In terms of infant mortality and life expectancy, whilst it is true that infant mortality was very high and life-expectancy generally very low, the desire to have children persisted. (Hanawalt 1986: 90-104) In addition many men married late, with few years left to complete the family's reproductive cycle and so births were numerous and frequent. Werner Rosener (1996), who writes specifically with reference to peasant life in the middle Ages, supports this view, adding that the poor quality of life that peasant families experienced was largely responsible for the high level of mortality among their children:

Insufficient hygiene, illnesses, the filthiness and cramped spaces of peasant housing were all reasons for high infant mortality as a result of which only three to five children in each family survived out of a far greater number of births. (184).

It is also the case however, that those risks which are associated with high levels of infant mortality (deaths within the first year of life), are also associated with elevated levels of morbidity in those children who survive - what is known as the continuum of reproductive causality (Mayes & Ward 2003: 3-33). So whilst the life expectancy and prevalence of some forms of severe impairment, particularly those that readily succumb to illness and infection, was low for example Down syndrome, the life expectancy and prevalence of which has not increased significantly until our own time (Baird & Sadounick 1988), it does not

necessarily follow that there were 'relatively few people with profound or multiple impairments' in such a society, as McCarthy suggests, given the large number of children that were born. In fact, contrary to McCarthy's assertion, contemporary epidemiological studies of disability in pre-industrial societies report prevalence rates two or three times greater than those in developed industrial and post-industrial societies. So Le Goff is more likely to be accurate when he writes that the middle ages 'were full of maimed, hunch backs, people with goitres, the lame and the paralysed (Le Goff 1988: 240).

3.4 Infanticide

Again there is no substantial evidence that the killing of impaired children was sanctioned or was a common practice in the middle ages. To the contrary, Hanawalt (1986: 90-104) explicitly rules out the suggestion that peasants practiced infanticide on physically impaired infants. If infanticide did occur it was in these circumstances punished (Dainme 1978). Thus the prohibition of infanticide by the Jews and in the early Christian church continued to be observed.

Deborah Youngs in her recent book The Life Cycle in Western Europe c. 1300-c. 1500 sums up the position this way:

There is little to suggest that children in medieval Europe were abandoned or murdered in high numbers ... Both actions were considered wrong. Both were carried out by a minority ... Nor should it be assumed that children with mental or physical disabilities were routinely killed or abandoned. Miracle stories show that the parents' first, perhaps continuous action was to pray for help. For others there was a limited degree of welfare. (Youngs 2006: 60)

3.5 Survival of Impaired Children and their Quality of Life – Some Conclusions

The accumulation of evidence then suggests that children with congenital impairments or other impairments acquired in childhood did exist in pre-modern, per-industrial societies and some, perhaps many, survived into adulthood. Furthermore their survival and the quality of life they experienced was not a consequence of the severity or otherwise of their biological and psychological condition alone. The assertion by Mannion & Bersani for instance, that people with severe physical impairments were inevitably at risk among nomadic peoples, as a consequence of their physical impairment, is shown to be questionable by Murphy's work. Rather survival and the quality of life experienced was the result of the interaction of the person with the impairment with their material, economic and social environment. Culturally, specific responses, the language and concepts used to represent impairment, meanings attributed to it, beliefs including religious beliefs, about it and attitudes towards it which may be related to notions about what it means to be a human being were all significant variables. In particular the degree to which a child with impairments was accepted within a society and the extended and the immediate family and the quality of the ongoing support the child received there, would also play its part, perhaps the most significant part. There is no evidence that Christian religious ideas had an overwhelmingly negative impact as such, on the contrary.

In this sense the situation of children and adults in pre-modern, pre-industrial societies was no different from that of children and adults with disabilities in modern and post-modern societies. In both situations people with disabilities are subject to material and social contextual events and circumstances which may significantly influence their quality of life both negatively and positively. The

response to impairment when considered historically is diverse, and culturally and contextually specific. In part then the problems of the impaired are unchanging; in part they vary historically according to the particular characteristics of human life and thought at any given time. Although we can distinguish the impairment and its context conceptually, in reality they are interwoven in complex ways.

3.6 The Historical Relativity of the Concept of Learning Disability

We should note at this point that the concept of learning disability and its definition as we use it in this study reflect our contemporary understanding of the phenomenon. As we have suggested, it is clearly not the case that such a concept has existed across different historical periods or that the archaeological remains which we identify today as instances of the condition would necessarily be so understood at the time and in the culture that the people lived and died, this point has not always been recognised. For instance Paul Cranfield has identified a treatise written by Paracelsus (1493-1541) as the 'first medical treatise devoted to mental deficiency' (Cranfield 1966: 3). In his treatise Paracelsus writes of 'fools' and 'foolishness' and Cranfield assumes that he is writing about mental deficiency as Cranfield, a psychiatrist understands it. So he writes 'there is no doubt that it (the treatise) is the work of a man deeply familiar with the problem of mental deficiency and familiar with it through clinical experience' (4). Goodey (2004) has questioned this assumption. He points out that the boundaries and concepts of 'fool' and 'foolishness' and other terminology used in previous historical periods are much more flexible and fluid than the pathological and scientific concepts and definitions in contemporary usage. Rose (2006), as we have noted, indicated that in ancient Greece a hearing impairment was considered

a form of intellectual disability (99) and with reference to the Old Testament although 'fool' and 'foolishness' may incorporate that which we currently understand by learning disability, the boundaries of the two will not exactly correspond. We will encounter a similar phenomenon when we consider the use of the term 'fool' in Aquinas.

3.7 The Invisibility of the Learning Disabled

So when we look for evidence bearing upon the place and position of learning disability in medieval society it is often difficult to detect. People with learning disabilities as we understand it are virtually invisible in medieval England other than those with significant additional impairments. Gordon, whose work to which we have previously referred, writes:

Retardation, without other handicaps is not specifically mentioned in the miracles involving children. A child with mild or moderate intellectual retardation, in the modern sense, who had no other disabilities, could function quite well and would not stand out in an agrarian society. (Gordon 1986: 502)

This point will be emphasised again by other writers we will discuss.

4. Development in the Religious & Spiritual Response to Poverty

4.1 The Ideology of Charity

Given that many people with learning disabilities would be hidden away among 'the poor.' What was the response to poverty in Mediaeval Europe? James Brodman in his book Charity and Religion in Medieval Europe (Brodman 2009) gives a comprehensive account of the religious and spiritual dimension of the medieval response to the poor. Brodman suggests that religious charity is manifested in three dimensions. It implies he suggests 'altruism towards

humanity' and as such it is not entirely selfish in intent. Secondly this concern for others is motivated by religious concerns which are not simply intended to preserve or pacify the existing social order, but also not intended to change it. Finally Brodman suggests, 'medieval religious charity was highly fragmented and inchoate; it never coalesced into a coherent or cohesive organisation' (23). Indeed the only common variable underpinning the diversity which characterised medieval charity, was religious belief. Exactly the same observation will be made by Brian Pullen in his study of the Catholic approach to poor relief following the Council of Trent.

The notion of charity itself, Brodman suggests was quite complex:

In a broad sense, charity comes to denote an affection that is non physical and directed primarily toward God. From this love of God flows warmth toward other human beings: friends, strangers and even enemies. This caring for others can have many expressions: group solidarity and a spirit of brotherhood, personal friendship or a sense of individual contentment. Alms or charity in the modern sense, therefore were only one dimension or consequence that grew from a love for God and for neighbour. (3)

Brodman traces the development of the ideology of charity from its roots in the Old Testament and New Testament scriptural tradition through the patristic era and early middle ages up to the high middle ages. The twelfth century in particular, Brodman suggests marked a watershed in medieval Europe's concept and practice of charity. This was largely he suggests a consequence of significant economic and social changes. Specifically these were population growth, urbanisation, expansion of trade and the specialisation of labour. Economic changes in particular resulted in social dislocation to which urban populations were particularly at risk. (15)

These social changes took place at a time when the church itself was experiencing reform and change, 'as the Gregorian movement attempted to

understand the correct relationship between society and religion.’ (15) All these changes Brodman suggests resulted in a new understanding of poverty that encouraged individual and corporate charity.

Brodman suggests that a significant figure in promoting the interests of the poor is Pope Innocent III (1198-1216) who wrote extensively about charity and also made significant practical contributions, endowing hospitals, initiating the distribution of food and founding caritative religious orders. One of the most notable of Pope Innocent’s achievements was the founding of the Hospital of the Holy Spirit on the banks of the Tiber in Rome. The hospital offered a range of services including the welcoming of unwanted babies, without scrutiny as to their origins and an outreach feeding programme to the poor in the city streets (Bolton 1994: 123)

Such organised practice of religious charity became an important feature of the medieval religious context. Furthermore theologians, and canon lawyers supplied an ideological underpinning for the ‘impulse to be generous’. (8)

4.2 Formal & Informal Support Structures

Diocesan bishops enabled the use of traditional structures such as the parish to establish and manage various works of charity. Lay associations, particularly confraternities, also played a vital role. With respect to confraternities there is now an extensive literature on this widespread and complex phenomenon (eg, Black 1989, Flynn 1989, & Vanchez 1994). It is difficult to give a brief summary of the conclusions of this work. However Andre Vanchez writes that:

The late medieval urban and economic development brought in their wake new experiences of alienation as persons lost the web of relationships fostered by village life and experiences of impersonalism as money and day labour displaced barter and crafts. The late medieval confraternities met

their social needs by providing new possibilities for association. The fundamental social welfare contribution of confraternities was to provide 'belonging' in a world where freedom was defined by incorporation into a collective order and where that order alone protected the rights of its members. Confraternities also engaged in specific acts of charity for their members such as assistance in times of need ... (Vanchez 1994: 165)

This is particularly helpful since it suggests that confraternities arose as a consequence of social change and increased urbanisation. Although their quality and mode of operation varied considerably, they had a three-fold purpose to provide fellowship, to provide for the material needs of members and to support their spiritual lives. In addition they were often responsible for the costs of burial when the member died. Their internal structure was essentially hierarchical since some members were dependent upon the benevolence of others, who in turn were believed to accumulate spiritual benefits as a consequence of their charitable work. Confraternities continued to exist beyond the Reformation and still play an important role in the charitable pastoral activity of the Catholic Church, particularly in responding to poverty and other circumstances of significant need. We will then encounter them again in our discussion of Post-Tridentine developments.

There were also numerous houses of monks and friars. Francis of Assisi (1181/82-1226) in the Earlier Rule wrote that alms were 'a legacy and a justice due to the poor that our Lord Jesus Christ acquired for us.' (Constable 1996: 319)

A recent and important study by Crislip on the development of monastic care systems has this to say:

Charity for the poor, housing for travellers and the homeless and the provision of all the necessities of life for widows and orphans had already been part of the Christian charity but the innovative social structure of coenobitic monasticism allowed for the provision of charity on a whole new scale, such as dormitories for visitors; hostels for the crippled, the elderly, the terminally ill; education for orphans; refectories for the poor and most significantly the coenobium provided charitable medical care through the infirmary, through out-patient care and through corps of monastic nurses

and doctors. Monasticism bequeathed to the late antiquity and the medieval world not only an entirely new form of social organisation but also an entirely new institution of the sick and needy in society. (Crislip 2005: 141 – 142)

In reviewing evidence on the role of medieval charitable institutions and the intellectually impaired, Stainton writes:

The extent to which people with intellectual impairments found support from religious and secular institutions, is still unclear. However (the evidence) does suggest that some found their way into these early institutions, but that their number were small. While intellectual impairment may have contributed to their poverty, it was a secondary impairment vis-a-vis their presence in institutions ... as noted above, poverty was the primary reason for residence in these institutions, the fact that some inmates had an intellectual impairment, was the current evidence suggest, incidental. (Stainton 2001: 25)

He further writes that:

One possible explanation for the relative absence of people with intellectual impairments from early British institutions is that they were not particularly disabled in the medieval world, given the labour intensive and largely illiterate nature of society ... this adds some support for the theories that industrialisation is responsible for producing the concept of disability. (Stainton 2001: 26)

5. The Place of the Impaired in Society

Gleeson (1999) in his review of surveys of the poor in Norwich (1570) and Salisbury (1635) concludes that: “There is no doubt that peasant communities assisted members who for whatever reason, were unable to support themselves”, (Gleeson 1999: 92). In addition, making reference to the work of Clay (1909), Gleeson comments on the substantial number of hospitals and institutions for the poor in medieval England, the majority of them religious foundations and suggests that:

Although multifarious in character, medieval hospital shared a quality which distinguished them from modern institutions established after the 18th

century. The feudal institutions were generally to be found in propinquity with, rather than excluded from the community they served. (Gleeson 1999: 93)

And again he writes:

In the case of any village almshouse one can imagine it helping to support a range of people who were unable to provide for themselves, including the sick, the elderly and the insane ... impairment itself was probably a general feature of peasant social space in feudalism. (Gleeson 1999: 94-95)

Finally in concluding his review of the evidence of impairment in feudal England, Gleeson writes:

Overall then, the social space of impairment must be seen as distinct from, yet embedded within, the general terrain of everyday life for feudal peasantry. The domain of impairment may have differed from general social space in its physical extent, its gender contours and the significance of its institutional outcrop, but the two terrains were not opposed to each other. The social space of impairment cannot be presented as marginal to the reality of everyday village and manorial life; it must rather be placed within the quotidian peasant landscape. The point is that the particular social oppression of disability was weakly developed, even largely absent within the feudal social form. The rise of capitalism was to delimit the capacity for self-determination by bringing new, compulsive socialisation to bear on the body. (Gleeson 1999: 97-98)

Gleeson's remarks are particularly significant and his findings are compatible with the views of Stainton. Even when the impaired were institutionalised it was primarily as a consequence of their poverty rather than their impairment, although the latter may well have contributed for the former. Such institutions as there were and they would be primarily ecclesiastical, associated with confraternities and monastic, were situated close to the communities they served. The only institutions that were located for people with a specific disorder were those for lepers and these were situated often at a distance from centres of population (Watts 1997: 48-64).

It is interesting to note that Anderson (2006: 201) in his review of the skeletal evidence of congenital conditions from 23 Anglo-Saxon and medieval archaeological sites, to which we have previously referred, reports that of the 23 sites studied, 12 were monastic or other ecclesiastical sites and one a Jewish cemetery.

Finally, Stirker (2000) has argued that the widespread and destructive influence of the plague in medieval Europe actually de-emphasised difference (impairment) more than in any other historical epoch. There is significant evidence he suggests that people with impairments used networks of support in their communities to survive, when times were hard for everyone. With reference to the alleged pervasive influence of negative religious ideas and their adverse consequences, Richard Neugebaur (1996), in his studies of records kept from the 13th century onward by the Crown's legal incompetency jurisdiction over the mentally disabled, describes how naturalistic criteria were used rather than demonological criteria to evaluate mental impairment in English court hearings (Neugebaur 1996: 22-43).

It is clear then that in medieval society people with impairments; including people with learning disabilities were absorbed into the natural order with other poor people, and subject to the random effects of circumstances beyond their control. Again they were supported by the work of the Church accomplished through a wide variety of agencies, but underpinned by an ideology of charity which had biblical roots, as Brodman has described it.

Finally it is also clear that there was no universal definition or interpretation of impairment, specifically intellectual impairment, throughout this period. Further

support for this opinion comes from the ideas of Aquinas which we will consider below.

6. Formal & Informal Support Structures as Sources of Social Capital

Marjorie McIntosh has suggested that a number of different 'types of human interaction in the villages and market centres of late medieval and early modern England' can be understood in terms of social capital theory, particularly the work of Putnam. (McIntosh 1999)

She distinguishes between formal and informal organisations. Among the former she includes religious organisations such as formal parish structures with their elected lay officials. Such structures she suggests performed 'legal, economic, religious and charitable functions' and 'their activities were shaped by locally influential people, mainly men ... who were economically self-sufficient and respected by their neighbours.'

In addition to formal structures there were voluntary religious organisations, namely lay confraternities. These as we have discussed had a religious function, promoting devotion to a particular saint and through the financial contribution of members would support those in need during an emergency or old age.

Both these forms of organisation McIntosh suggests 'generated considerable social capital. They produced bonding capital, the benefits accruing to the participants themselves – including the creation of personal networks, based upon respect, trust and shared experiences' and this McIntosh suggests extended beyond the immediate family networks and their neighbours and friends to include the development of 'numerous contacts' in the wider community to whom they could turn 'for advice, assistance, or partnership when needed' (466). What we

would call bridging capital. 'Further', McIntosh adds, 'since the social capital acquired in one context could be applied to other local institutions, it was convertible and transportable. All these forms of social capital helped communities to function more effectively at an official level.' (466)

McIntosh's paper spans the years 1300-1640 which include the Reformation. The Reformation which was associated with the gradual institutionalisation of poor relief had, she suggests a significant, negative impact upon the informal, voluntary sources of social capital, including confraternities which gradually disappeared, in those parts of Europe which came under its influence.

She summarises the position in these terms:

In the traditional, late medieval pattern most charity was administered informally, with personal contact between donor and recipient; women were the primary providers of assistance to the poor, since food and clothing were common forms of aid. Indeed because a major purpose of social-credit networks was to ensure help when needed, it was not ignominious for those in need to go to friends or neighbours for assistance if they were already in a reciprocal relationships with them. When institutionalised poor relief was established, however, wealthier members of villages or towns became less willing to provide informal assistance since they were required to pay taxes for the poor. Thus were needy people distanced socially from their more prosperous neighbours; informal networks of social credit became less likely to cross socioeconomic lines. (474)

We shall touch upon these issues in more detail again later in the chapter.

7. The Philosophical Context of Learning Disability: From Aquinas to Locke

As we have previously suggested major transformations in the understanding and context of impairment took place at the time of the Reformation and again during the Enlightenment and then in the course of the Industrial Revolution that followed (Finkelstein 1980: 6–8). The philosophical Enlightenment

saw the emergence of the first secular definition of learning disability (idiocy as it was then called) produced by the philosopher John Locke which is contained in his Essay concerning Human Understanding (1690).

The defect in (idiots) seems to proceed from want of quickness, activity and motion in the intellectual faculties, whereby they are deprived of reason; whereas mad men seem to suffer by the other extreme. For they do not appear to me to have lost the faculty of reasoning: but have joined together some ideas very wrongly ... they argue right from wrong principles ... but there are degrees of madness as of folly; the disorderly jumbling (of) ideas together, as in some more, and some less. In short, herein seems to be the difference between idiots and mad men, that mad men put wrong ideas together and so make wrong propositions, but argue and reason right from them; but idiots make very few or no propositions, but argue and reason scarce at all. (236)

In the first instance it is important to note that this discussion of learning disability (idiocy) appears in a philosophical text rather than a theological or legal document. This itself is a significant development; and it's indicative of the gradual separation of the understanding of impairment from theological assumptions. By theological assumptions we mean ways of understanding the world and human existence where questions of faith, religious truth, human relationship with God and the moral consequences that follow from this, are paramount. Although Locke's thought was influenced by theological ideas (Polinska 1999), his understanding of 'idiocy' still reflects the process of secularisation which would be gradually complete by the early 19th century (Howard 2000). However in order to fully comprehend the significance of Locke's ideas it is important to be aware of their antecedents and also the ideas they replaced, for instance those of Aquinas and the culture of Scholasticism generally.

In Aquinas we encounter the notion of 'fool', a term which we have encountered previously in the work of Paracelsus and in the Hebrew Scriptures. As in the work of Paracelsus, 'fool' in Aquinas is not used with any great sense of

precision. Lauand (2000) who has undertaken a study of the use of the term 'fool' in Aquinas' writings writes:

Not only are there an infinite number of fools, but they exist in a multitude of forms: some kinds are harmless, others bad; some foolish acts are innocent, and others are mortal sin. In going through Aquinas' writings, we find a catalogue of all types of fools.

Lauand identifies twenty two types of fool in Aquinas. Within these are the 'stupidus', those who are intellectually paralysed through stupor or numbness, the 'idiot' who are ignorant and lack intelligence and the 'imbeciles', those who are weak generally, specifically morally weak. Again as we noted in Paracelsus there is no precise correspondence between 'fool' in Aquinas and intellectual impairment as we understand it. Intellectual impairment to some extent remains invisible in the work of Aquinas and other medieval writers in that it is not singled out or deemed explicit, as it will be in the work of Locke.

However despite these differences, Locke and Aquinas are in agreement that the fundamental problem of foolishness/idiocy is a diminished capacity to reason. The difference between them is that Locke considers this from an epistemological perspective rather than an ontological perspective.

This is the point Janet Martin Soskice makes when discussing Locke and Aquinas. She writes:

The early modern crisis of knowledge was such that philosophy in many quarters became epistemology – the problem of knowledge ... when we consider 'faith and reason', we have behind us the 17th and 18th century projects that finds some parallel in Aquinas but are in other respects, quite different. For Aquinas and for Dante 'faith and reason' were 'bound together in a marvellous economy where grace perfects nature ... (Soskice 2005: 242-243).

And again Soskice writes:

When Aquinas dealt with such predicates as 'eternal', 'one' and 'simple', he stood in a tradition of reflections de nominibus dei going back to Denys the Areopagite and beyond – a theological and mystical as well as philosophical tradition. Locke's confidence that not only God's existence but also God's qualities could be spelled out apart from revelations and through rational reflection alone is new, or rather was new in Descartes whom Locke follows here. Appellations that had been distinctly theological became with Descartes the terminology of rational analysis and metaphysics alone. (246-247)

In addition Polinska (1999) writes that Locke's:

Rejection of scholasticism had to do with his refusal to accept that learning starts with abstractions that is one can arrive at truths only on the basis of first principles or innate ideas. Contrary to this view, Locke argued that all data for thinking arise from sense experience. (188)

Similarly 'in the area of theology ... Locke rejects any abstract, metaphysical commitments that contradict human experience.' (188)

Aquinas, contrary to Locke understood human 'foolishness' through the lens of theology. Aquinas' distinctive vision was that the whole of creation was endowed with meaning, the ultimate purpose of which was the glorification of God. The most significant attribute of God, in the theology of Aquinas, was reason.

God is the author of rationality. Nature which for Aquinas is the product of divine reason, responds to the demands of rational organisation in terms of different levels of perfection. These range from the inanimate, those things which are deprived of intelligence, to God, which is the intelligence. Creation is therefore understood in terms of hierarchy (the Great Chain of Being). Species have their own unaltered natures with their own distinct beings. The natural order of things is at the same time a rational order of things (A statement of this position is given in Man as the Ontological Mean by Joseph Endres, 1965).

The reference to order implies a reference to law. Law, Aquinas writes is 'nothing but a rational plan of operation' and 'a rational plan of any kind of work is

derived from the end'. (1955, Summa, bk III, ch 114/5) Aquinas believes that there first exists the eternal law which is the manifestation of divine governance over all beings. This law is the work of perfect intelligence. After eternal law comes natural law, which participates in eternal law and is accessible to all humanity.

Natural law determines which actions are good in the fulfilment of the ends that God has determined for human beings. Natural law is related to right reason. That is, natural law can be discovered through the use of reason and is not related to feeling or sensations. Aquinas writes that 'Man's good or evil is something in the reference to reason'. (1947 pt 1, II, Q59.1) Ethics therefore is a matter of understanding.

However, Aquinas qualifies these views with a recognition that human beings do not all have the same natural ability. Some people are more apt to acquire a knowledge of ethics than others. Even though all human beings might possess the ability to discover individually the basic rules of natural law, they do not all enjoy the ability to derive logical consequences from these basic rules.

The whole Thomist structure which is basically Aristotelian is then built on the notion of hierarchy, functional and status inequalities one that operates between and within the species. Within the human hierarchy there are those of outstanding ability who are required to exercise control over those who are less able. The rational authorities are the wise (1947, p1, II, Q100.1) to whom should be left the elaboration of ethics and the guidance of less able individuals so that they might achieve their ultimate ends.

In this sense 'the fool' shares in a common humanity, guaranteed by their human decent; however they are lower in the moral hierarchy than other human beings, who have a greater intellectual capacity and capacity for self-direction.

Hierarchy will continue to be a key concept in Catholic thinking, particularly social thought, through to the Second Vatican Council.

To summarise Aquinas' position creation is infused by rational laws of which God is the ultimate author. Ethics arise out of the ability to understand the lawfulness of creation. The world is composed of species and beings that occupy different levels of natural ability, but who are yet bound together in solidarity with one another.

'Foolishness' as Aquinas saw it is a spiritual problem. In terms of a solution Aquinas writes:

In like manner spiritual needs are relieved by spiritual acts in two ways, first by asking help from God, and in this respect we have prayer, whereby one man prays for others; secondly, by giving human assistance: first in order to relieve a deficiency on the part of the intellect; the remedy is applied by instructing and if in the practical intellect the remedy is applied by counselling ... (1947, P11, II Q32.2)

Order, hierarchy, solidarity, these are important concepts in Aquinas' thought and accordingly Nisbet (1976: 197-198) has described the implications of Thomism for social life in these terms:

Human society Aquinas repeatedly stressed, is to be seen as after the model of the human organism, with the same functional co-ordination of parts, the same kind of hierarchy of functions and members ranging from the simplest all the way up through the divinely created mind and soul to God and the same subordination of each single part to the organic whole ... ideas of individual equality, freedom and rights were scarce during the Middle Ages; what abounded were corporate communities, commencing with the church itself, to which men owed duties and services. The essence of the medieval order was hierarchy, in which each man gave and received what his functional place in the social order demanded. Communality and membership were central in the medieval scheme of things. The whole order was conceived as a kind of a community of communities and whether it happened to be a monastery, guild, university, knighthood, manor, life or patriarchal family, it was the individual's duty to serve his community.

From a Thomist perspective then social cohesion was to be achieved through stable social hierarchies in which social roles are clearly defined, the confraternities were an expression of this, rather than through voluntary associations of citizens in which the equality of citizens is emphasised. Such voluntary associations were to emerge after the Reformation. In terms of sociological theory Ernst Troeltsch expresses the Thomist perspective in these terms:

The fundamental sociological theory, therefore, is expressed in those two ideas: the idea of the organism and the patriarchal conception of the family. Further, both these ideas are very closely related to each other. Both are based upon and deduced from the fundamental Christian idea of the love of God and the love of man. The unity and solidarity of the organism arises first of all out of the idea of the community and of the Church, in which all the members are members of Christ or of the Body of Christ, and the various sections of the Church, the clergy, monks, laity – with their various functions – act as the complement of each other in mutual love, and in their common love of God, to form the united body of the Church, or the *Corpus mysticum* thus the whole of Christian society appears as an organisation composed of groups and classes both from within and without the Church, inspired and shaped by the realisation of the absolute aim of salvation, an analogy to the comprehension of various elements and groups in the sub-human and individual human organism. (Troeltsch 1992: 287-288)

8. The Theological Context of Learning Disability: Social Consequences of the Reformation

8.1 Secularisation of Poor Relief

The paper by Marjorie McIntosh to which we have previously referred suggested that the ideological changes accompanying the Reformation had a profound impact upon the social conditions of the poor and hence of people with impairments.

Martin Luther had taught that alms giving, as a Christian manifestation of 'good works', did not necessarily lead to the salvation of the giver's soul. (Jutte, 2001: 1) Carter Lindberg describes the situation in these terms:

Luther undercut this medieval religious ideology of poverty by his doctrine of justification by grace alone, apart from human works. Since righteousness before God is by grace alone, and since salvation is the source of life rather than the achievement of life, poverty and the plight of the poor could no longer be rationalised as a peculiar form of blessedness. There is no salvific value in being poor or in giving alms. This new theology de-ideologised the medieval approach to the poor, which had both obscured the social and economic problems of poverty and obstructed the development of rational responses to poverty. (Lindberg 1994: 181)

Hence poverty gradually ceased to have religious connotations. Secularisation and rationalisation of provision gradually emerged and in consequence the poor were increasingly incarcerated.

Robert Jutte has argued that:

There can be no doubt that the discussion of Luther's principles of relief and their effects in the sixteenth century shaped the centralised poor relief system not only in early modern Germany but also elsewhere in Europe. The Reformation paved the way for the development of a new social policy which followed secular systems of poor relief. (Jutte 1994: 108)

Furthermore Amanda Porterfield writes in her book Healing in the History of Christianity that:

In protestant regions especially, the shift toward more private forms of religious expression diminished support for public health care, whereas medicine and Catholic devotions often inter-mixed and donors invested wealth in acts of penance and hope of accruing spiritual merit. Protestants withdrew support from many hospitals where services to the sick and dying was intertwined with veneration of healing saints and where care of the sick and dying was celebrated as meritorious work conducive to salvation. The decline in institutional support for public health care under Protestant regimes, was especially calamitous in England ... (Porterfield 2005: 109-110)

When in England monastic institutions were seized by the Crown and the active role of the church in promoting charity diminished, 'little of the fabric of hospices, almshouses and refuges survived' (Porter 1999: 121) and the number of itinerant beggars increased dramatically. Charity would itself be increasingly

perceived to undermine personal responsibility. Marjorie McIntosh writes of the period 1530-1563:

In these decades, existing methods of responding to the poor were dramatically altered. ... First, royal and Parliamentary decisions concerning the Church terminated most of the institutions which had previously aided the poor. The dissolution of the monasteries in 1536 and 1539 halted their alms giving. Royal confiscation of the property of charities, certain hospitals and the religious fraternities in 1545 and 1547 did far more damage ... The consequences of the political/religious changes of the 1530s and 1540s upon local poor relief were disastrous. (McIntosh 1988)

The Elizabethan Poor Law was enacted in 1601 partly in response to the increasing number of beggars (Bruce 1967: 23-31). It was a particular requirement of legislation that if a person was unable to procure a livelihood for themselves, the first line of responsibility was their family and in the absence of family provision, the local community was charged with providing for persons in need. These administrative changes were accompanied by a 'profound change in attitudes toward poverty' which now became suspect (Braddock & Parish 2001: 22). The first English workhouse was established in Bristol in 1697. By the end of the 18th century, there were 127 workhouses in England (Braddock & Parish 2001: 23). Although Rushton has suggested that people with learning difficulties continued to be supported by their families and were initially only rarely incarcerated, there was nevertheless a 'shift from the predominantly familial system that dominated the medieval period' (Rushton 1988: 34) and many found themselves in workhouses.

People with learning disabilities were becoming more visible. The problem of the 'idiot', particularly the nature and status of the 'idiot' was increasingly discussed. This is reflected in the increasing extent that 'idiots' were referred to in theological and other religious literature and philosophical literature.

In effect the 'idiot' was becoming a social problem and an intellectual problem. However, despite the initially negative consequences of the Reformation, there is a consensus in much of the literature that these radical changes were ultimately to initiate positive advantages for people with learning disabilities, particularly in terms of understanding the nature of their problems and attempts to remedy their problems, when compared with the situation that had existed hitherto. The historian G R Elton has written that the secularisation of poor relief was one of the outstanding achievements of the sixteenth century. (Elton 1953)

8.2 The 'Idiot' in Post-Reformation Thought

As we have suggested, one of the consequences of the Reformation was the increasing visibility of people with learning disabilities especially as social care provision was secularised. In addition, in consequence of the diversity of religious belief and practice that emerged, it is not surprising to find different, indeed quite radically different, theological understandings of intellectual disability emerging, compared with what had previously been the case. The church's pastoral response to learning disability also changed fundamentally in many ways. To illustrate this we consider in the first instance the following prayer:

A Prayer to be said by Friends for Natural Fools or Madmen

Shall not I spare them, who cannot discern between their right hand and their left. Jon 4.11

It was found of them that fought me not, Isa 65.1

I was Eyes to the blind and feet to the lame, Job 29.15

Bear ye one another Burthens, and so fulfil the law of Christ, Gal 6.2

O Almighty and most merciful Father. Pity this thy poor creature who knows not his own wants, nor how to ask for thy mercies. But as he is not capable of doing things to please thee, so let nothing which he doth offend thee. He is still an infant, O God, not arrived to the use of reason. O deal

with him as thou dost with them and as such admit him into the Kingdom of Heaven. He has been received for thy child in Baptism, and has done nothing since to forfeit the claims of mercy and bliss made over to him therein, and belonging to that relation. O let them be fulfilled and make good to him in their time.

And as this want of understanding unfits him to do anything for thee, so does it likewise to do anything for himself, and therefore he needs to have the more done for him by thee, and by the good instruments of thy providence; and let thy care, O Lord supply the wants of his. Give thy holy Angels charge to look to him, as they do to helpless children. Give thy Saints and those who are anyways concerned with him, the heart to be understanding and eyes and feet and hands to him, as to one who is as if he had nothing of these of his own, but wants to have them all supply out of thy provision. And do thou in thy wisdom prevent those evils which he cannot foresee, and put those by which he wants understanding to remove especially, O Lord keep him from doing anything that is mischievous either to others or to himself.

O thou who are found of them who seek thee not; show mercy to this thy servant who extremely needs thee, tho' he cannot seek thee. Thou know'st his wants, O Lord, tho he is insensible and ignorant of them, and tho he cannot speak for himself, yet his wants speak and cry aloud for him: O'hear their cry which call to him for pity, and hear us for him who is not able to ask for himself and grant him thy special care at present, and thy peace at the last, thro the merits and mediation of thy dear son, our only Saviour, Jesus Christ, Amen. (Kettlewell 1719 (2011): 447-448)

This prayer was written by John Kettlewell (1653-1695) a contemporary of Locke's who as an Anglican clergyman was expelled from his living when he refused to take the oath of allegiance to William and Mary. He was then one of the non-jurors. He wrote a number of books on pastoral concerns both before and after his expulsion and the above prayer appears in them. (Kettlewell 1719 (2011): 447-448)

The prayer I think is remarkable in many respects. There is a for instance genuine concern from the 'fool' and his well-being. The 'fool' is perceived to be part of God's natural order of creation, an essentially Yahwistic perspective. God is his father too. The 'fool' also participates in the hierarchy of being of which God is the fount and the source of all wisdom. But between the 'fool' and God is

rational and ethical man who is able to intercede with God on behalf of the 'fool' because rational man is capable of reflection, and has a moral consciousness which enables him to understand his moral obligations to the 'fool'. There is a lingering sense of a Thomist theology underpinning the prayer. Man is able to discover the elements of natural law, the ability to derive logical consequences from this law and to recognise when these abilities are absent.

However the influence of Locke is also clearly apparent in the prayer's epistemological concerns. The 'fool' is without rationality. The 'fool' is not perceived to be able to reflect, has no insight into his own behaviour. The 'fool' has no control over his own impulses and has no moral sense and so is not able to distinguish between good and evil and therefore is at risk of harming himself or is a threat to others. Most significantly the 'fool' is not capable of a spiritual life, is not able to communicate with God through prayer. The 'fool' has no knowledge that God exists. The 'fool' is therefore dependent upon the mediation of others, specifically the church and its ministers, and 'friends' in seeking relief from the inner torment that he experiences. An abbreviated version of Kettlewell's prayer was still appearing in Anglican compilations of prayers for the sick 150 years after it was composed (eg, Paley, William The Clergyman's Companion in Visiting the Sick 1845: 286).

8.3 The Importance of Literacy for Religious Belief and its Consequences

However the Reformation also introduced a significant change of emphasis, particularly within its Lutheran and Calvinistic expression. Here the Bible becomes the main if not the only source of authority. All the elements of moral law are to be found there, and to be understood by the faithful. All believers are seen as both

able and duty bound to reach the divine message emanating from the Bible. John Locke for example stressed the necessity of each person to study the scriptures in order to form their own views on morality and religion and so to reach perfection (Polinska 1999). Following Luther, every person is considered to be able to receive salvation through a state of faith granted as a gift from God. The relationship with God is one of submission with an emphasis on a person's internal faith and individual commitment and conversion. Calvin's contribution to the Reformation was to accentuate further the spiritual individualism initiated by Luther in that the church and the sacraments as institutionalised means of salvation were marginalised. The essential components of Christian living were then deemed to be knowledge of the scriptures, evidence of personal experience of conversion and a pattern of life deemed to be in accordance with the moral precepts of the Bible. To fulfil each of these, the use of intellect was clearly necessary. Those who were unable to read as a consequence of cognitive impairment became increasingly conspicuous as a consequence.

It is not surprising that the spiritual situation of idiots/fools within this priestly/levitical perspective was particularly bleak. For example, the following quotation is taken from the works of the puritan minister William Bates (1680):

Tis observable that faith is exprest in scripture, by *Prudence, Wisdom and Knowledge* whereby a man knows the grounds and motives of his judgement and actions. And sin is called *folly*. For as when the understanding faculty, either from the indisposedness of the organs, as in idiots, or from the disorder of fancy by the inflammation of the humours, as in distracted persons, cannot weigh and compare and therefore makes a perverse judgement of things: so the carnal mind by not due measuring and pondering, judges falsely of spiritual things. (268)

Wickham (2001a, 2001b and 2002) in his review of concepts of idiocy among Puritans in colonial America, gives a similar example from the sermons of

Samuel Parris, who was a puritan minister at Salem in New England and who had been associated with the Salem witchcraft trials (1680):

Must communicants examine themselves? Why then hence we may learn that there are two sorts of person's altogether unfit for this ordinance viz: such as cannot examine themselves and such as will not examine themselves (1). Such as cannot examine themselves are altogether unmet for this Ordinance. As (1) infants. Infants cannot shew forth the lord's death: Infants cannot examine themselves and therefore are not meet subjects for this Ordinance ... (2). Fools and idiots are not meet subjects for this ordinance. For those being void of reason cannot examine themselves. There is a degree of knowledge and a considerable degree of it required in all communicants. So much knowledge as to discern the Lord's body. 1 Cor. 11.29-36

Samuel Parris employed the sacrament of the Lord's Supper as a means to divide church members from non-members. In the sermon above preached in 1693, he denies the sacrament of communion to both children and idiots because they lacked discernment. Both idiots and children were tainted with the sins of Adam ineligible for redemption. Infants may one day be capable of regeneration, not so with idiots.

Many puritan clergy then held to the view that idiots/fools, like children were born into sin. Children who were brought up by believing parents were more likely than others to be saved. Baptism at birth provided additional assurances of grace.

Children remained sinners until they achieved a full covenant with God through experience of conversion. For idiots this possibility was never available. Idiocy represented mankind in its natural state, innocent in terms of intent, yet culpable due to inherited sin. Incapable of regeneration, they died sinners.

However there was not unanimity of opinion among Puritan divines. Richard Baxter for instance defended the possibility of baptism for infants and idiots. He writes:

The Kingdoms of the world are become the Kingdoms of the Lord and of this Christ. But Kingdoms and Nations contain infants and ye discipleth not a Nation that discipleth no infants in the nation ...I have before and elsewhere fully proved infants capable parts, as Christ was of being Head and as infants are of societies and of a part in covenants with men: and idiots having not the use of reason from birth, are in the same case with infants; and the distracted, after at age, are nothing to our case but are capable of being distracted members; and distraction is not excommunication, no unchurcheth any. (Baxter 1676: 18)

It should be noted that in this short passage Baxter in effect introduces a definition of idiocy as lacking 'the use of reason from birth'. Baxter wrote this sixteen years before Locke published his essay in which Baxter's influence is apparent. Baxter also departs from traditional Calvinistic orthodoxy of pre-ordained election, in insisting that natural reason underpins faith. In effect everyone will be saved if they can. As Goodey puts it, 'It is no longer simply that some humans are the elect but also that some are more intellectually able than others' (Goodey 1996: 97).

Thus for Baxter the simplicity of the natural state of childhood and idiocy gave the possibility of salvation through baptism, while for others, eg, Bates & Parris, it resulted in exclusion from that possibility.

Nisbet sums up the social consequences of Calvin's emphasis on the individual nature of religious experience in these terms. He writes:

The heavy, almost awesome responsibility that Calvin reposes in the individual Christian. Whereas on the one hand the Roman Catholic church had made salvation possible only through the corporate community of the church and this, by the very authority it imposed upon the individual relieved that individual of some of the burden of responsibility for this own salvation, on the other hand, Calvin, in liberating the individual from this corporate authority, isolates him also from the sense of participation in a visible community. What had been a shared responsibility of church and individual is now, in effect, made the responsibility of the individual alone. (216)

And again:

This then is the clear lasting contribution of Protestantism to political, economic and social modernity: its overriding emphasis on the individual, at the expense of all external ties, bonds, symbols and works that are the attributes of community – that is, visible community. (220)

8.4 The Influence of Methodism

Approximately 100 years later a significantly more optimistic note was introduced by Methodism, as illustrated by Hymn 211 in the Wesleyan hymn book (1779) written by Charles Wesley:

Let all men rejoice, by Jesus restored;
We lift up our voice, and call him our Lord;
His job is to bless us, and free us from thrall;
From all that oppress us, he rescues us all.

Him Prophet and King, and Priest we proclaim;
We triumph and sing of Jesus' name;
Poor idiots he teaches to show forth his praise;
And tell of the riches of Jesus' grace.

No matter how dull the scholar whom he;
Takes into this school and gives him to see;
A wonderful fashion of teaching he hath;
And rise to salvation he makes us through faith.

The wayfaring men, though fools shall not stray;
His method so plain, so easy the way;
The simplest believe his promise may prove;
And drink of the river of Jesus' love.

Poor outcasts of men, whose souls were despised;
And left with disdain, by Jesus are prized;
His gracious creation in us he makes known;
And brings us salvation, and calls us his own.

A comprehensive study of the theological debate surrounding the nature and status of idiocy in Reformation and post-Reformation thought has yet to be undertaken. However, in the years that preceded and immediately followed the publication of Locke's essay the influence of Augustinian/Calvinistic ideas on

social policy in England was profound. When for instance the first institutions specifically for the learning disabled were opened they were built, unlike other institutions, without Chapels as these were deemed to be superfluous.

8.5 The Catholic Tradition following the Council of Trent (1545 – 1563) up to Rerum Novarum 1891

In counter-Reformation Catholic thought, there is no evidence of a debate on the theological status of the 'fool' or 'idiot' that we have encountered in Reformation and Enlightenment thought. The sentiments of Kettlewell and Charles Wesley would nevertheless be more acceptable to the Catholic tradition than those of the Puritans. The emphasis is different. People with learning disabilities continued to be hidden, for the most part among the 'poor' and exposed along with them to the vagaries of the of economic, political and social changes of the times.

The poor and the service of the poor continued to be understood primarily through a religious lens and the Church, despite the widespread secularisation of social provision, even in some Catholic countries, continued to assert its responsibilities in this area. The Council of Trent specifically referred to the Bishop's responsibilities in this respect. Kahl's analysis of the Catholic approach to poor relief is broadly supported in the literature. For instance Brian Pullen in his study Catholics and the Poor in Early Modern Europe (Pullen 1976), writes:

The regard of the merciful man was being deliberately focused so that it turned, not only inwards upon himself, but at the same time outwards upon his fellow-men, who were not to be treated merely as physical beings suffering material want and hardship, but chiefly as endangered souls. The practice of mercy ... was to become a means of initiating and obeying God, and of achieving contact with him through his members, the true and patient poor of Christ. An essential part of it was the compassion which could only come from personal contact with the poor. (28-29)

Again Pullen writes:

Such personal contact, and the regular service of the poor, were a kind of asceticism which entailed, not only loss of self, but mortification of the senses of the services, by the immediate proximity to dirt, disease and stench. Furthermore, beyond physical ministration to the body of the poor lay spiritual ministration to the soul, and it was in this that the mercy and charity of the Counter-Reformation found their highest goal and purpose. (29)

It was in this context that many new religious orders and confraternities came into existence, to live and work with the poor for their material and spiritual well-being, in situations of squalor which so many experienced. The Daughters of Charity of St Vincent de Paul founded in 1633 is a well known example of such developments but there were many others at that time and in subsequent years.

In terms of the development of Confraternities which flourished in the post-Tridentine years, Christopher Black in his study Italian Confraternities in the Sixteenth Century (Black 1989), describes their role in these terms:

All confraternity members would have recognised an obligation to help their neighbour ... The general preferences were firstly for members of the fraternity and their immediate dependents... Secondly would come the ashamed poor from outside, again notably women and children who were less able to help themselves ... Thirdly there were the deserving indigent, those who could not work through illness and disabilities and those who were unemployed through no fault of their own. Last came the remaining indigent, who might be 'helped' though deemed undeserving ... (169)

It is very appropriate then that the sociologist Gabriel Le Bras should define confraternities as 'artificial families in which all members were united by voluntary fellowship; confraternities had as their objective to satisfy within a narrow group the most poignant needs of body and soul.' (Le Bras 1940)

Maureen Flynn in her study of Spanish confraternities expands on this definition suggesting that:

Confraternities organised the pursuit of salvation through the practice of good works. Pre-eminent among the good works were those of mercy ... in observing merciful works as devotional exercises, confraternities created one of the first institutions of social welfare in western history. (Flynn 1989: 44)

The work of confraternities was therefore not only charitable but also liturgical. In fact the two were closely interwoven. Flynn summarises the position in these terms:

Like the parts of the Church liturgy, the acts of mercy were not apprehended as completely meaningless in themselves; they were symbols of a spiritual order. Just as prayers and ceremonies, hymns and dramatic representations of Church liturgy were external and discernible signs of spiritual phenomenon, so the acts of mercy signified in gesture the highest forms of Christian love ... within a culture which understood liturgy to synthesize and mirror spiritual phenomenon, the acts of mercy embodied the broadest dimensions of the virtue of charity. Reflected in the microcosm of an individual deed towards one's neighbour was the divine microcosm of love and charity toward God. (Flynn 1989: 71)

Pullen suggests that the distinguishing feature of the Catholic approach following the Council of Trent is 'the importance of action, not by the individual and not by the religious community as a whole, but by the confraternities which proliferate within it... Through them the community of Catholics becomes fragmented and many celled in a way in which the Protestant community is not.' (30)

Contemporary manifestations of this phenomenon we would suggest are basic ecclesial communities particularly associated with the tradition of Liberation theology, the L' Arch communities, to which we will refer again, which are specifically committed to support people with learning disabilities and the houses of hospitality associated with the work of Dorothy Day (Zwick & Zwick 2005).

Another important development was the gradual endeavour to achieve some uniformity of practice and more centralised control. Again Maureen Flynn

notes that the post-Tridentine Church succeeded in 'drawing medieval confraternities into a more tightly woven structure with strong ties to parishes.' (Flynn 1989: 144), in addition there was a parallel development, the increasing use and influence of Papal encyclicals in articulating a uniform, ethical and pastoral response to social issues.

9. Papal Encyclicals in the Post-Tridentine Years

Papal encyclicals in the immediate post-Tridentine years continue to emphasise their continuity with a pre-Reformation ethical tradition which remains a communitarian ethical tradition (Schuck 1991: 31-32) thoroughly embedded in Thomism. The individual's purpose in life and sense of identity continues to be defined in terms of their role and obligations within the community, whether that community be a religious order, a confraternity or a parish. People have obligations to each other, to their family and friends, to the parish in which they live and to the wider community. In a sense it is misleading to speak of the individual at all, since those external obligations are deemed always to take precedence, over individual choices and preferences. Raymond Plant has described the situation in these terms:

A stratified but organic and interdependent social order, reflecting the necessary but complementary and functional inequalities in human endowment and the whole being bound together by an ethic of mutual service between the ranks of the hierarchy. (Plant 1978: 98)

In such an arrangement, people with disabilities had their settled and secure place. Michael Schuck describes this as a 'theological' social ethic. An ethic which has its origins in God's will, mediated through the scriptures and Church tradition and 'uniquely envisioned through the pastoral metaphor of a shepherd and his flock.' (Schuck 1991: 33)

Porterfield summarises the Catholic tradition of health and social care following the Council of Trent in these terms:

Catholics persisted in a religious commitment to public health care as Protestants backed away ... Catholics inherited a historic commitment to the care of the poor and sick that stretched back through medieval reform movements, through centuries of monastic involvement in medicinal and poor relief, and before that, to the healing works of ascetics and apostles of early Christianity and ultimately to Jesus himself. Thus Catholics had strong historical ties, notably to institutions established and managed by the Church to provide poor relief and care of the sick, but also to a spiritual tradition characterised by public devotion to human suffering. (110)

10. From Rerum Novarum to Second Vatican Council

This tradition persisted through into the nineteenth century. However eventually the Church was obliged to take cognisance of the significant social, political and economic changes taking place around it. It became apparent that the Church's traditional response to social problems through parish and Diocesan structures was no longer adequate in itself. A body of social teaching began to emerge which addressed the condition of society generally not simply matters concerned with the Church's pastoral practice locally.

Within the Roman Catholic tradition, the social teaching of the Church is now usually expressed in encyclicals. In surveying almost an entire century of these and other social documents commencing with Pope Leo XIII's *Rerum Novarum* which appeared in 1891 we find no explicit mention of the needs of people with disabilities until the American bishops' Pastoral Statement on Persons with Disabilities which appeared in November 1978.

Rerum Novarum was published toward the end of more than a century of economic and social upheaval and represents a real attempt by the Church at that time to engage with the social, economic and political issues of the time, particularly with respect to employer/worker relationships, poverty, unemployment

and property rights. The document reflects the Church's wish to re-engage with the urban poor in the context of the spread of socialist ideas which it views negatively on the whole. However Ernst Troeltsch writing in 1912 reminded his readers that:

... Catholicism always desires a renewal, at least in its main features, of the general political and social situation upon which it had erected its structure in the Middle Ages, and this is why it maintains, down to the present day, the philosophical and theological method of its architectonic logic. Modern Catholic social philosophy is still based upon both these premises, although to some extent it has modified and modernised the former. Down to the present day there corresponds to the metaphysic of the natural and supernatural graded structure of the universe a graded picture of society, rank upon rank, and a quantitative graded morality of the particular classes in their relation to the absolute ideal. (Troeltsch 1992: 279)

Michael Schuck in his study of papal encyclicals from *Rerum Novarum* to the Second Vatican Council describes what in effect is a paradigm shift from the 'sheepfold metaphor to the metaphor of cosmological design' (90). The idea of God now becomes that of 'a universal creator, sustainer and fulfiller than the more parochial image of Christ the Good Shepherd.' (90)

The communitarian approach to social ethics is retained but it is now based upon a universal design of nature. Similarly, human identity and the meaning of life are still embedded in communal roles and obligations but they have other foundations in a universal understanding of nature. Society is still understood in hierarchical terms, that 'architectonic logic' as Troeltsch describes it, an 'energised community of mutual service', but this is now justified on universal rather than local grounds.

In the post World War I years two developments occurred which would influence the Catholic approach to social issues profoundly. The first was the publication of the encyclical Quadragesimo Anno in 1931. A core idea of this

document was the concept of social justice. In contrast to legal justice which tends to focus on individuals, social justice directs attention to the performance of political and public institutions and the extent to which they promote or hinder the common good. The term 'social justice' began to assume a central role in the development of Catholic social teaching at this time.

A second development was primarily theological, involving the rediscovery of the biblical theology of the Church as the mystical body of Christ. This theology which emphasised that all members of the Church were equal as persons, organically linked, and responsible for each other readily accommodated to the natural, pre-contractual understanding of community which was hitherto prevalent in the Church. This was also a theology which readily synthesized with the emphasis on social justice and the common good in Catholic social teaching.

However personal equality founded upon a common relationship with God through Jesus Christ and expressed organically through a shared mutual responsibility, did not preclude hierarchy. Hierarchy continued to be a significant theme in Papal teaching. So in a letter of Pope Pius XII we find this:

This personal equality evidently does not suppose an empirical, or, still less, a functional equality. The popes have often made this clear, as, for example, Pius XI: "It is utterly untrue, and mere empty talk, to say that all citizens have equal rights and that there are no ruling ranks in society." (D R 44; A A S 29, pg 81) What we have to do with now is the real root of society in the equality of human nature. Pius X put this in a closely argued text: "Human society, as it has been established by God, is formed of unequal parts, in the same way as the parts of the human body are unequal: it would be impossible to make them all equal and to try to do so would destroy society. The equality of the different members of society consists in this, that all men have their origin in God their Creator, that all have been ransomed by Jesus Christ, and that all will be judged and rewarded or punished by God in accordance with the exact measure of their deserts. (Motu proprio on Christian popular action, 18 December 1903; A S S 36, pg 341). (Summi Pontificatus; in Letter of Pius XII pg16; A A S 31, pg 426 quoted in Calvez and Perrin (1961): 112).

This distinction between 'personal equality' and 'functional equality' although essentially Thomistic has a long history. It is for instance embedded in the quotation from Lactantius. We will encounter it yet again, when we consider contemporary Catholic approaches to learning disability.

11. The Compendium of Catholic Social Teachings

The most recent and comprehensive statement of Catholic social teaching which includes development at the time of and since the Second Vatican Council is given in the Compendium of Social Doctrine of the Church published by the Pontifical Council for Justice & Peace in 2005. Here it is possible to discern some or middle axioms which underpin the Church's contemporary understanding of society.

For instance there is the well-established rejection of collectivism on the one hand and individualism on the other. A contract theory of society such as that which underpins social capital theory is specifically rejected (149 and 297). Three are enunciated in the Compendium (160) – the common good, subsidiarity, and solidarity. These in turn are based on the fundamental ideal of human dignity in society.

The common good is defined as 'the sum total of social conditions which allow people, either groups or as individuals, to reach their fulfillment more fully and more easily.' (Catechism of the Catholic Church 1905-1912) A necessary condition for and the consequence of a society dedicated to the common good is the response persons make both to use their property for the common good, to participate fully in the social life of society, that is subsidiarity and to develop

personal values which emphasise bonds of interdependence that is solidarity. These of course are 'natural' bonds, as in the family rather than contractual bonds.

The central theme underpinning this approach is the pre-eminence of the social whole over the isolated individual, society is 'real' and cannot be reduced to an aggregate of the individuals that compose it. This understanding of community has been referred to as a 'pre-contractual, pre-categorical or natural 'view of community.' (Anderson et al 1988: 13)

The Compendium then asserts the essential importance of small, primary groups for the social order. Hence the importance of the family is particularly emphasised since it 'stands at the foundation of life of the human person as the prototype of every social order' (211). The Compendium is equally explicit on the need for authority to hold together parts of society, 'every civilised community must have a ruling authority.' (393)

The authority envisaged is clearly centralised, singular and hierarchical. Finally the Compendium asserts that the Church has an 'original and irreplaceable contribution to make to human society (5) with respect to human salvation (69) which incorporates both transcendent ends (49) and renewed social relations (54) and is moreover manifested in a 'visible organisational structure' (424) which stands over against the state.

The Compendium suggests that Scripture and tradition form the 'essential foundation' for Catholic social teaching (74) and the questions concerning man's place in society are 'essentially religious.' (15)

12. Some Concluding Comments

Throughout the broad sweep of historical evidence we have considered it is clear that poverty and disability that was hidden within it, continued to be understood in religious terms, particularly so in countries under a Catholic influence.

In consequence from this perspective a social, economic or political model on its own, simply does not do justice to understanding how poverty was conceptualised and the response to it in terms of welfare policy and social care practice where 'charity' was the key motive.

The causes and conditions of poverty and human impairment were not well understood and certainly not understood in economic terms. For Catholics in particular, but also for Protestants, poverty and human impairment were understood in the context of the example Christ had set. The difference between them rested in how that example was interpreted.

The charitable imperative grew strongly from the twelfth century onward and particularly in post-Tridentine Catholic Europe, accompanied by the development of distinctive social structures, religious orders, confraternities, and the parish and Diocesan organisation, which sustained them.

And these continue to persist in the Catholic tradition, together with pilgrimages to sites of healing, until our own day; an essentially religious and communitarian response to human need. For the Church, the poor and impaired were never exclusively a problem of public order or public policy and the solution to their needs was never exclusively the liberation of social and economic forces, as in capitalism, or social engineering, as in socialism. Nor it should be added were scientific and technological advances seen to be the solution. In fact they

were often explicitly criticised as dehumanising and degrading. A particular example which bears directly upon the well-being of people with learning difficulties is that of eugenics. In the early history of eugenics there is a clear difference of approach between that of the Catholic tradition, largely hostile to sterilisation for instance and that of some Churches within the Protestant tradition, largely supportive (Rosen 2004, Leon 2004). *Rerum Novarum* and subsequent encyclicals have made these beliefs explicit, and underpinned them by a distinctive anthropology.

It is clear then that prior to the Second Vatican Council two streams of social thought had emerged in Catholicism.

One, the oldest tradition, was the emphasis on charity. This focuses upon the individual and their fundamental needs for food, housing, medical and social care. It is rooted in the gospel mandate to love one's neighbour, and is expressed in practice through works of mercy by confraternities, religious orders and parish communities each of which strive to achieve a communitarian ethos through which they pursue charitable concerns.

The second and more recent stream of thought arises from the biblical concern for justice. This attends to the society in which the individual lives, addressing macro-political and social concerns, working to make that society more just, a society which advocates mutual concern and responsibility. It is out of this second stream of thought that liberation theology and its dialogue with Marxism and the claim that God has a preference for the poor would emerge!

There is however inevitably a tension between an approach to the poor which focuses on 'good works' that nurture the interior life of the individual and have an evangelical intent and an approach which seeks to disrupt the political

order so as to directly address and confront the social and economic causes through which poverty arises. Most recent statements of Catholic social teaching have tended to emphasise the virtues of order and charity and have placed less emphasis on the search for justice.

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